American Optometric Association
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Volume 48 October 26, 2009 No. 6

NCQA: Profession 'clearly on the right path' with ABO

The National Committee for Quality Assurance (NCQA), which accredits health care plans in all 50 states, covering 109 million Americans – 70.5 percent of those who are enrolled in health plans — has stated its support for the creation of the American Board of Optometry.

NCQA "commends the efforts of the American Optometric Association — and the other optometric organizations that are involved with developing board certification and Maintenance of Certification (MOC) — for embarking on a process that will lead to board certification of optometrists. The profession of optometry is clearly on the right path with its proposal for the American Board of Optometry," wrote L. Gregory Pawlson, M.D., MPH, executive vice president of NCQA, in a letter to AOA President Randolph E. Brooks, O.D., on Sept. 30. "It is NCQA's belief that MOC following initial board certification is a crucial component of quality. MOC, as a professional response to the need for public accountability and transparency, allows professionals to demonstrate their practice-related ability to provide quality patient care," Dr.

> *"It is NCQA's belief that Maintenance of Certification following initial board certification is a crucial component of quality."*

See NCQA, page 8

Missouri Gov. Jay Nixon discusses a state program to educate and train health care professionals at the University of Missouri- St. Louis. Shown from left, Derek Swader, fourth-year student; Missouri State Senator Rita Days; Gov. Nixon; Alicia Triplett, Missouri Optometric Student Association president; Hanna Kim, American Optometric Student Association (AOSA) president; Tonia Batts, AOSA vice president; Larry Davis, O.D., dean of the College of Optometry; and Juliann Sebastian, Ph.D., RN, dean of the College of Nursing.

Mo. to implement initiative for health care education

Missouri Gov. Jay Nixon (D) chose the University of Missouri—St. Louis (UMSL) College of Optometry as the stage from which to herald the implementation phase of the state's Caring for Missourians initiative to educate and train more than 900 health care professionals.

Under the program, which was established by the legislature as part of the Fiscal Year 2010 budget, the state will provide an additional $40 million dollars to help Missouri's two- and four-year public colleges and universities increase the capacity of their health care training programs in fields such as

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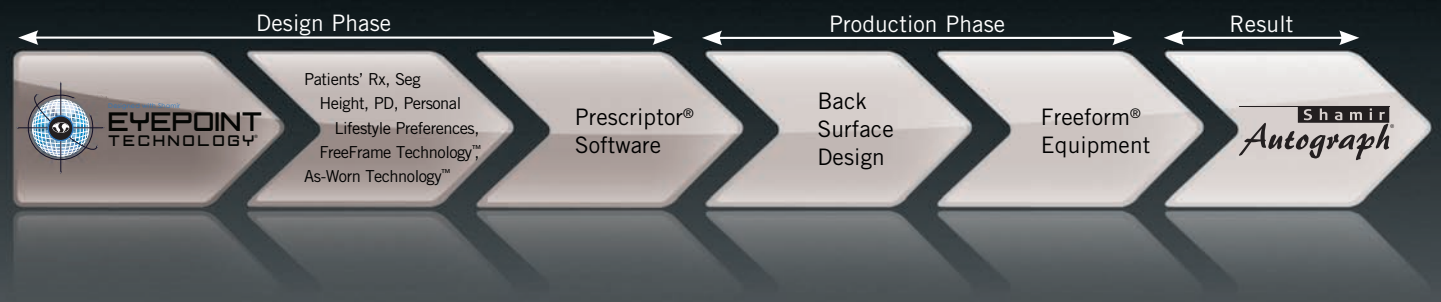

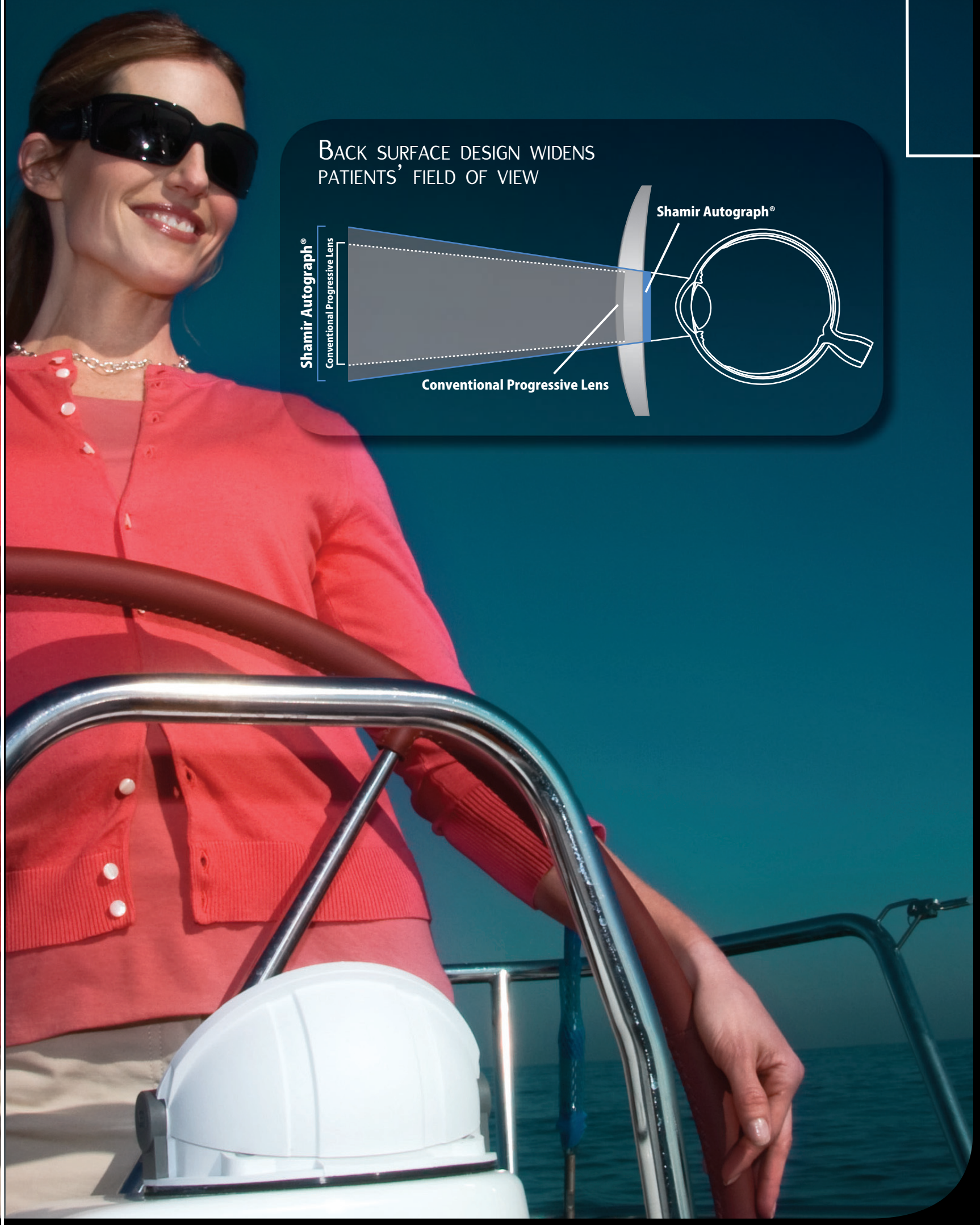

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Keeping in touch

One of the biggest issues for an AOA president is how to balance your family life and practice with your responsibilities to the profession. Representing the profession fully means that as president of the AOA, you continue to attend state and regional meetings and visit with the schools and colleges of optometry. It means listening to what is happening to practicing optometrists all over the country.

And it means meeting with representatives in the health care community and the pharmaceutical industry to bring optometry's message home. It means never losing touch; while electronic communications are great, nothing beats attending meetings and listening to what optometrists and students have to say about their concerns for our profession.

Over the past several weeks, I have had the pleasure to travel to two state association meetings as well as two colleges of optometry. Recently, I met with representatives of the National Committee for Quality Assurance (NCQA) as well as a major pharmaceutical company, Pfizer.

Here are the details:

Along with AOA President-elect, Joe Ellis, O.D., I attended the Ohio Optometric Association's EastWest Eye Conference in Cleveland. This regional meeting offers high quality continuing education and attracts ODs from all over the country. I attended their board of directors meeting and had the pleasure of spending time with outgoing Ohio President Tom Bobst, O.D., and incoming President Gil Pierce, O.D. Ohio optometrists are passionate about our profession and we discussed a number of issues of concern to ODs in Ohio and around the country.

I was also able to attend two of the town hall meetings that the Ohio Optometric Association held in the exhibit hall of the EastWest meeting. In my inaugural address in Washington, D.C., this past June, I asked that state associations hold town hall meetings so that open and free interchange of ideas and opinions can occur on topics of interest including board certification and maintenance of certification. The Ohio Optometric Association held six one-hour sessions that were attended by members. Between Dr. Ellis and me, we attended all six of them.

There was a lively exchange of ideas at both the OOA Board meeting as well as at the Town Hall meetings. The healthy dialogue that occurred at the East West meeting can only serve to empower grassroots optometry and will result in better communications now and in the future.

My next meeting was to the New England College of Optometry (NECO), my alma mater. It is always great to go back home again. Meeting with faculty members and students on an informal basis provided me with additional opportunities to listen to what is happening in optometry, both in schools and with practicing ODs.

While in Boston, I was able to visit a number of community health centers that NECO staffs with students, residents and faculty. Seeing firsthand high-quality eye health and vision care, delivered in an interdisciplinary setting, points out the opportunity that optometry can have to make a significant impact on health care to an underserved population.

Only through constant dialogue with practicing ODs, optometry students and faculty can the AOA understand the concerns of our profession, position students for a productive career in optometry and protect your ability to practice.

The development of optometry departments in both urban and rural community health centers represents a tremendous opportunity for the profession to provide needed care. It will make externship and residency slots available as well as provide opportunities for new graduates to practice in health care shortage areas.

Dr. Brooks

My next meeting was at the Nova Southeastern College of Optometry. I had breakfast with student leaders and lunch with the faculty and listened to their input. I listened to their concerns, such as student debt and increasing the number of practice opportunities available to them on graduation.

I also spoke to brand-new first-year students at NOVA who are enthusiastic about our profession and are appreciative that the AOA is representing them as the health care reform debate unfolds in Washington, D.C. They were charged up and are already engaged in their first year of studies. You can see a brief video clip of our meeting at our AOA YouTube site at *www.youtube.com/aoaweb*.

This past weekend I attended the New Jersey Society of Optometric Physicians Convention (NJSOP). I had the opportunity to install my partner,

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AOA offers tools to help diagnosis convergence insufficiency

In recognition of the growing awareness of the prevalence and treatability of convergence insufficiency (CI), the AOA Pediatrics and Binocular Vision Committee is providing a user-friendly toolkit, which describes a screening procedure for CI, and provides a free survey card with this issue of the *AOA News*.

The laminated insert card contains the CI Symptom Survey checklist, a screening test for nearpoint of convergence, and a flow chart for CI screening.

A video demonstrating this procedure is at: *www.nei.nih.gov/news/pressreleases/101308.asp*.

CI is the most common type of binocular problem, occurring in approximately 7 percent of the population.

Symptoms include loss of place, loss of concentration, reading slowly, eyestrain, headaches, blurry vision, and double vision.

As noted in the AOA Clinical Practice Guideline (CPG) on Care of the Patient with Accommodative and Vergence Dysfunction, the prevalence of CI in children is similar to the prevalence in adults (*http://aoa.org/x4816.xml*).

In addition to the CPG, the AOA also has a Quick Reference Guide summarizing the Care of the Patient with Accommodative and Vergence Dysfunction (*http://aoa.org/x6388.xml*).

The AOA CPG characterizes CI as an inability to maintain effortless convergence within arm's length.

CI is often accompanied by reduced near point of convergence, exophoria or exotropia at near greater than the distance measurement, and/or reduced convergence amplitude in relationship to the demand.

CI can have a significant impact on a patient's quality of life. Symptoms may include headaches, eye pain, asthenopia associated with close work, double vision at near, and reduced attention or concentration to near tasks such as reading.

Patients with undiagnosed or untreated CI can be challenging because they often do not respond to conventional lens prescriptions.

How are patients with CI best identified? The most definitive study to date on the treatment of CI, a prospective double blind multicenter clinical trial funded by the National Eye Institute (NEI), was the 2008 Convergence Insufficiency Treatment Trial (CITT).

The laminated insert card contains the CI Symptom Survey checklist, a screening test for nearpoint of convergence, and a flow chart for CI screening.

The CITT study involved children ages 9 to 17 and used the following criteria for the diagnosis of CI:

1. Exodeviation at near at least 4^ greater than distance
2. Receded nearpoint of convergence (break > 6 cm)
3. Failure of Sheard's criterion
4. CI Symptom Survey score of 16 or higher

The CI Symptom Survey includes some key questions often incorporated in standard optometric history forms, particularly as related to reading.

For each of these questions, the positive response of the children diagnosed with convergence insufficiency was statistically much greater than that of the children with normal binocular vision.

For example, 43 percent of children with convergence insufficiency reported losing concentration fairly often or always when reading, as opposed to only 7 percent of the children with normal binocular vision.

Until recently it was assumed that patients with CI could be adequately treated with base-in prism glasses or home-based therapy such as pencil push-ups.

However, the CITT study demonstrated that in-office vision therapy is clearly superior to home therapy alone, having a success rate of 73 percent, nearly double the success rate of other approaches.

"This NEI-funded study compared the effectiveness of treatment options for convergence insufficiency," said Paul A. Sieving, M.D., Ph.D., director of the NEI. "The CITT will provide eye care professionals with the research they need to assist children with this condition."

An informative four-minute video on CI is available from NEI via the AOA YouTube Web site at *http://www.youtube.com/aoaweb*, or directly at: *http://www.youtube.com/watch?v=dAgyojExdHI*.

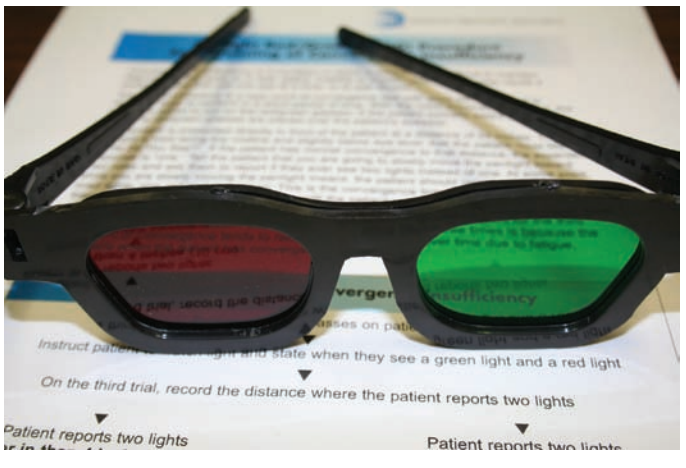
This procedure, developed by Bill Leadingham, O.D., and Dan Fortenbacher, O.D., can easily be implemented as part of routine primary care.

Patients with reduced NPC should complete the CI Symptom Survey.

A reduced NPC greater than 6 inches and a CI Symptom Survey score greater than 16 is strongly suggestive of convergence insufficiency.

Patients diagnosed as having CI should receive the benefit of office-based optometric vision therapy complemented by home therapy activities, in accordance with CITT Study guidelines.

To view the tool-kit and order one for yourself, visit *www.aoa.org/CI-Toolkit.xml*.



Business coalitions hope to shape health care at community level

Building Healthy Communities: Should Employers Care?" was the theme of the 2009 National Health Leadership Council (NHLC) meeting, sponsored by National Business Coalition on Health (NBCH), June 25-26 in Memphis, Tenn.

Apparently, many businesses do and they are making a concerted effort to lay the groundwork for health care reform at the community level, according to Gregory W. Kraupa, O.D., who attended the meeting on behalf of the AOA Third Party Center.

The NBCH is a national, non-profit, membership organization of employer-based health care coalitions, dedicated to value-based purchasing of health care services through the collective action of public and private purchasers, according to the organization's Web site.

"NBCH seeks to accelerate the nation's progress toward safe, efficient, high-quality health care and the improved health status of the American population," the Web site states.

The organization is a collective of nearly 60 member coalitions across the United States and is composed of mostly mid-sized and large employers in both the private and public sectors, in a particular city, county, or region.

Together, they represent more than 7,000 employers as well as approximately 25 million employees and their dependents.

"NBCH member coalitions are committed to community health reform, including an improvement in the value of health care provided through employer-sponsored health plans and to the entire community," the organization's Web site continues.

This is the third year the AOA has been represented at the meeting, which annually brings together 70-90 leaders from business coalitions as well as representatives from some large employer-based health plans.

The AOA Third Party Center has made interaction with regional health coalitions a priority (see *AOA News*, Oct. 5), believing the coalitions could play a key role in developing the local insurance purchasing exchanges and value-based provider rating systems envisioned under many national health care reform proposals.

A new system of AOA State Third Party Coordinators has been established, in part, to provide representation for optometrists in each regional coalition.

The AOA Third Party Center hopes to convince the business coalitions to make comprehensive eye care services, include routine exams, a standard part of any preventive wellness benefits packages offered under public or private health plans.

In his opening remarks, NBCH President Andrew Weber emphasized his organization's belief that "real (health care) reform" will be accomplished at the local rather than the national level. The group is taking a two-pronged approach to community-based reform, involving improved public health and improved health care delivery.

> *Health care delivery can be improved through "measurement, accountability, transparency, true teamwork and appropriately placed incentives."*

Health care delivery can be improved through "measurement, accountability, transparency, true team work and appropriately placed incentives," Weber said. The NBCH has developed a five-year plan outlining "creative strategies" improving public health, he said.

Past NBCH meetings have centered on physician payment reform, evidence-based health benefit design, consumer-driven health benefit models, pay-for performance and the relationship between health and workplace productivity.

This year's meeting, however, centered on the public health portion of the coalition's plan with a half dozen speakers explaining how community-based health programs can be used to improve the health of business employees and their dependents.

The 30-year-old Kansas City, Mo. –based Mid-America Coalition on Health (MACH) has developed a number of community initiatives targeting issues such as chronic disease self-management, according to Sara Palermo, MACH's vice-president.

The MACH coalition has also worked with Kansas City-area businesses on provider-related issues such as quality measurement, according the organization's Web site.

David Kindig, M.D., chair of the University Of Wisconsin School Of Public Health, was among several speakers advocating a strong emphasis on preventive care and public education in such regional programs.

Dr. Kindig proposed a "Balanced Investment Portfolio for Health" (clinical care 21 percent, personal behavior 36 percent, public health policy 18 percent, and community environment 25 percent), which would reallocate much of the funding used for disease treatment in line with the results of a study by United Healthcare on "Causes of Health."

A "Well-Being Index," developed by the Gallup Organization (the nationally known polling firm) and Healthways (a producer of wellness programs), can be used to help assess health status and track the progress of public health programs at the national, state, and regional levels, according to Larry Schusterman, the vice president of the Gallup-Healthways partnership undertaking the project.

The index is intended to provide a measure of overall health in a manner similar to a stock market index or a government cost-of-living index.

Based on Gallup polling, the project also tracks six health-related factors (life evaluation, emotional health, physical health, healthy behaviors, work environment, and basic access to food, shelter, health care, clean water, etc.), which survey respondents are asked to assess on a one-to-10 scale.

The national Well-Being Index stood at 66.7 as of Oct. 1, 2009.

Gallup-Healthways plans to continue the project, initiated in January 2008, for at least a 25-year period. The data will eventually be used in the development of "medical home," "work home," "health home," and "personal home" wellness programs, according to Schusterman.

Optometry, as the nation's primary eye and vision care provider, can play an important role in the type of community public health programs envisioned by the business coalitions, Dr. Kraupa said. However, practitioners will need to emphasize the importance of their offices as patient entry points in the health care system, he said. Optometrists should also be prepared to emphasize the roles they play in the management of diabetes and other systemic conditions, reducing risks and managing chronic diseases among older adults, and encouraging smoking cessation as means of reducing eye disease risk, he added.

During the course of the conference, Dr. Kraupa discussed the role of optometrists in community public health programs with several representatives of business coalitions, government organizations, and insurance companies.

AOA Third Party Center representatives will also be attending the NBCH's annual conference, Nov. 8–10 in Phoenix, Ariz., according to center staff. Information on the benefits of optometric care will be made available at a special AOA booth in the conference exhibit hall.

The conference theme is "Improving Health, Reforming Healthcare: An Employer Call to Action."

VRS forms brain injury committee

Kara C. Gagnon, O.D., of the Veterans Affairs (VA) Connecticut Healthcare System's Eastern Blind Rehabilitation Center, has been named the founding chair of the new AOA Vision Rehabilitation Section (VRS) Brain Injury Committee.

The committee was established as part of new section efforts to support optometry's increasingly important role in the growing field of rehabilitation services, according to section chair Mark E. Wilkinson, O.D.

Dr. Gagnon's VA rehabilitation center is known for its work in treating military veterans with traumatic brain injury.

Optometrists interested in developing expertise in the care of patients with brain injury are invited to join the section by contacting staff person Mary Beth Rhomberg, O.D., at *MBRhomberg@aoa.org*.

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Eye Health Summit core planning team forms foundation

The Core Planning Team of the Eye Health Summit announced the formation of the Healthy Eyes for Life Foundation. Created to increase the public's awareness about the importance of eye health, the foundation will develop a nationwide messaging campaign that directs people to take better care of their eyes.

Jim Anderson, attorney for Anderson, Howe and Steyer, will serve as appointed acting chair of the organization, and the interim board of directors includes:

- Barry Barresi, O.D., Ph.D., AOA
- Edward Greene, The Vision Council
- Tom Hicks, Opticians Association of America
- Steve Ingram, National Association of Vision Care Plans
- Wally Lovejoy, Luxottica Retail
- Greg Marko, Transitions Optical
- Daniel Monaco, Essilor
- Stan Rogaski, Contact Lens Institute
- Dave Sattler, Alcon Labs
- Jeff Todd, Prevent Blindness America

The board approved the bylaws for the Healthy Eyes for Life Foundation and formed volunteer committees for development, marketing and communications, board composition and an executive management search.

"We know that vision problems are the second most prevalent health problem in the country, affecting more than 120 million Americans," said Anderson. "By creating a unified public health message, the Healthy Eyes for Life Foundation will educate the public, leading to earlier diagnosis of disease and improved quality of life for many."

For the remainder of 2009, the Healthy Eyes for Life Foundation will continue communicating with Summit attendees, conduct an executive management search and create a foundation identity, brand and key marketing pieces.

In 2010, the foundation will develop messaging and conduct a search for a creative agency.

A foundation brand and partner guidelines will also be created and the campaign will be launched to the vision community.

A consumer launch is anticipated in 2011.

For more information on the summit, visit *www.eyehealthsummit.com*. Video is available at *www.youtube.com/aoaweb*.

NCQA,

from page 1

Pawlson wrote. "Board certification itself is a highly respected general credential awarded to physicians who have met standards for cognitive expertise, self-assessment, and evaluation of medical knowledge, judgment, and skills."

In the letter to the AOA, Dr. Pawslon acknowledged the importance of the optometric profession's work.

"We appreciate the difficult challenges faced by your profession in concurrently unveiling initial board certification and MOC processes. Though this presents challenges, these processes will go far to provide the assurances that each day seem more likely to be integral to health care reform," he said.

NCQA has been an active, and effective, participant in the dialogue concerning health care reform.

In a recent letter to Sens. Max Baucus and Chuck Grassley, NCQA noted its support of the proposal to include participation and completion of a Maintenance of Certification (MOC) program as an option for qualifying for Physician Quality Reporting Initiative (PQRI) incentive payments. The proposal was part of the health care reform bill that was subsequently introduced in the Senate.

"In addition to our relationship with the AOA over the years, the NCQA has been working with other policy leaders, employers, doctors, health plans, and consumer advocates, constantly seeking to advance health care quality by identifying important areas of health care, developing new measures to assess performance, and driving improvement. The NCQA seeks to help people find doctors who consistently treat patients according to the best available scientific evidence," wrote Dr. Pawlson.

"It remains clear that comprehensive health reform is needed if we are to keep the promise of the high-quality, high-performing, affordable care we all deserve. Holding health care providers accountable for the quality and efficiency of the care they deliver is a key component in assuring that the promise is kept," he noted.

"NCQA has been a national leader in quality assurance for health care since 1990," said Dr. Brooks. "We are heartened by their assurance that our efforts to bring board certification and maintenance of certification to the optometric profession are consistent with their vision for reforming America's health care system."

Mittelman earns second star

The first full-time military optometrist ever to attain "flag grade" (admiral or general) rank in any branch of the American armed forces has become the first to achieve two-star status. Navy Rear Adm. Michael H. Mittelman, O.D., was confirmed as a two-star admiral by the U.S. Senate on Sept. 25.

Dr. Mittelman currently serves as the command surgeon (chief medical officer) for the U.S. Joint Forces Command (USJFCOM), overseeing health care for members of the Army, Navy, Air Force and Marines who are involved in joint operations under all nine of the U.S. military's combatant commands around the globe. In all, the Joint Force Command is in charge of providing health care for more than 1.16 million active and reserve military personnel, civil servants and contract employees involved in command operations.

In that capacity, Dr. Mittelman also serves as medical adviser for the Allied Transformation Command, coordinating care for military personnel from other nations under the North Atlantic Treaty Organization. He also serves as director of the Navy's Medical Service Corps with authority over 26 health care specialties.

Under an initiative led by Secretary of State Robert M. Gates, the USJFCOM is charged with repositioning the American military for better response to new types of security threats, such as biochemical weapons and new types of conflicts that may not involve traditional armies from nation-states. Under that effort, Dr. Mittelman, as the command's chief medical officer, has been given a leading role in restructuring the military health system.

Dr. Mittelman began his career in 1980, serving as a Navy staff optometrist and eventually as head of the optometry department at the Cherry Point (N.C.) Naval Hospital. Following a tour of duty in Rota, Spain, Dr. Mittelman transferred to the Naval Aerospace Medical Institute, Pensacola, Fla., where he served as head of the optometry department and, in 1989, became the first health care practitioner ever designated as an aerospace optometrist.

In 1993, he became deputy director of research at the Naval Aerospace Medical Research Laboratory in Pensacola. Then, in October 1995, Dr. Mittelman reported to the Great Lakes, Ill., Naval Hospital and served as the commanding officer of Navy Fleet Hospital Three.

In July 1997, he assumed command of the Naval Ophthalmic Support and Training Activity, Yorktown, Va. There, he facilitated the establishing of the U.S. Department of Defense Optical Fabrication Enterprise. In July 2000, Dr. Mittelman assumed command of U.S. Naval Hospital Okinawa, Japan.

Following his overseas assignment, Dr. Mittelman was named an executive assistant to the surgeon general of the Navy, later becoming a special assistant to the surgeon general at U.S. Marine Corps Headquarters in Washington. He then served as the deputy chief of staff for human resources at the Navy's Bureau of Medicine and Surgery.

Prior to his current assignment, Dr. Mittelman was the director of the medical resources, plans and policy division for the Office of the Chief of Naval Operations.

Dr. Mittelman is an active member of the AOA, having chaired the AOA State Government Relations Center's Licensure and Regulation Committee, the Multidisciplinary Practice Section and a special project team on licensure by endorsement. He is a past president of the Armed Forces Optometric Society and a member of the National Academies of Practice.

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More than 1,000 infants were seen during the InfantSEE® Weeks held in eight locations across the country.

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Corey Mairs, OD
Robert McCamy, OD
Danelle Moch, OD
Bruce Moen, OD
Mark Moen, OD
Doug Nordby, OD
Robert Nyre, OD
Taya Patzman, OD
Geoffrey Rath, OD
Thomas Samson, OD
Jason Schaff, OD
Lori Scheel, OD
Terry Schimdt, OD
Keith Schindler, OD
Nate Shilman, OD
Tim Tello, OD
Kari Torkelson, OD
William Welder, OD
Jeffery Yunker, OD

State of Iowa

Jonathan Anderson, OD
Jim Barker, OD
Melissa Billings, OD
Blaine Brunsen, OD
Abie Chadderdon, OD
Tara Cooper, OD
Ralph DeHaan, OD
Becky DeRuyter, OD
Connie Feldman, OD
Patrick Fleming, OD
Jeff Foreman, OD
James Hartzell, OD
Katalin Hotsenpiller, OD
Ethan Huisman, OD
Joseph Johll, OD
Kristin Maus, OD
Don McKim, OD
Mark Mentzer, OD
Wendy Muller, OD
Dan Reedy, OD
Casey Roelfs, OD
Barbara Scheetz, OD
Jim Schroder, OD
Kristie Semrow, OD
Del Spronk, OD
Beth Triebel, OD
Harlan Vander Griend, OD
Robert Weiland, OD
Wendianne Wilson, OD

Chicago, IL

Carla Adams, OD
Stephen Beckerman, OD
Steve Butzon, OD
Kelly Daugherty, OD
Dennis DeLee, OD
Dennis Gaeta, OD
John Gardner, OD
John Geevarghese, OD
Angie Ghanayem, OD
Geoffrey Goodfellow, OD
Jennifer Harthan, OD
Cecilia Heiges, OD
Jessica Heinke, OD
Illinois College of Optometry
Daniel Jannotta, OD
Louis Jison, OD
Ansel Johnson, OD
Stephanie Johnson, OD
Millicent Knight, OD
Leon Kosek, OD
Pam Lowe, OD
William Mackay, OD
David Maze, OD
Katherine Narbone, OD
Charlotte Nielsen, OD
Lou Paczkowski, OD
Laura Palermo, OD
Robert Peterson, OD
Jody Ricketts, OD
Wendy Sanders, OD
Janice Scharre, OD
Rebecca Schmitt, OD
Magdalena Stec, OD
Andrea Stein, OD
Robert Steinmetz, OD
Darin Strako, OD
David Tabak, OD

State of West Virginia

William Barnes, OD
Frank Britton, OD
Greg Browning, OD
James Campbell, OD
Scott Carpenter, OD
Marty Carpenter, OD
Larry Carr, OD
Rob Christen, OD
Nancy Collins, OD
Douglas Conrath, OD
Jim Fick, OD
Charles Field, OD
Gregory Groves, OD
Kent Hall, OD
Christopher Hansen, OD
Arabel Hatfield, OD
John Hendrix, OD
Jim Herman, OD
David Holliday, OD
Edward Hyre, OD
Howard Klapper, OD
Bradley Lane, OD
Jerry Lantz, OD
Scott Lauer, OD
Vicki Lauer, OD
CD Laughlin, OD
Melissa Leoni, OD
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Neill Marshall, OD
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Barry Morrison, OD
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Harry Murray, OD
John Myers, OD
James Pasinski, OD
Eddie Prendergast, OD
Brett Radow, OD
Chris Ratcliff, OD
William Ratcliff, OD
Rich Rebuck, OD
Richard Stender, OD
Donald Taylor, OD
Travis Taylor, OD
Sarah Taylor, OD
Cheryl Van Horn, OD
Gary Veronneau, OD
J. Keith Wade, OD
Charles Waitkus, OD
Mason White, OD
Jeffrey Whittington, OD
Sandra Whittington, OD
Philip Wilmoth, OD
Steven Wilson, OD
Cynthia Zwolensky, OD

Seattle-Tacoma, WA

Jennifer Andrews, OD
Anne Barber, OD
Chris Barry, OD
Curtis Baxstrom, OD
Ryan Bennion, OD
Scott Bennion, OD
Paul Chous, OD
John Clavadetscher, OD
Charles Clayton, OD
John Corliss, OD
Kenneth Corliss, OD
Charles Dale, OD
Kim Eckroth, OD
Kim Eng, OD
Steven Eriksen, OD
Alexandra Gelt, OD
Robert Glaze, OD
Bradford Grimm, OD
Suzan Grimm, OD
Erick Hartman, OD
Joanna Haws, OD
Barry Huse, OD
Kristi Jensen, OD
Ted Kadet, OD
David Kading, OD
Kristi Kading, OD
Mawani Lau, OD
Michael Matsunami, OD
Kerry Moscovitz, OD
Hong Nguyen, OD
Curtis Ono, OD
Karen Preston, OD
William Prothero, OD
Shelby Robinson, OD
Cynthia Ruggeiro, OD
Kathleen Solum, OD
Jeffrey Solum, OD
Jeffrey Sutro, OD
Willow Thompson, OD
Nancy Torgerson, OD
Stacy Tovarek, OD
Sarbjit Virk, OD
David Williams, OD
Paul Williams, OD
Sharon Williams, OD
Chi Wong, OD
Ed Worthen, OD

St. Louis, MO

Barbara Aalbers, OD
Michael Antoine, OD
Thebe Bagwasi, OD
Tom Cullinane, OD
Cheryl Davidson, OD
Gary Delancey, OD
Lisa Dibler, OD
Kurt Finklang, OD
Frank Fontana, OD
Jamal Fox, OD
Erin Gagnon, OD
Ralph Garzia, OD
Robert Goerss, OD
Angela MacDonald, OD
Lisa Mackey, OD
Rachel Merriman, OD
Steven Rosen, OD
Sara Schmitz, OD
Erin Sullivan, OD
Jeff Weaver, OD
Paul Whitten, OD
Matt Wickham, OD
Diane Wilson, OD

State of Louisiana

Ed Adams, OD
Jeff Anastasio, OD
Shelly Anastasio, OD
Tim Barry, OD
Larry Blackmon, OD
Cory Boudreaux, OD
Alisa Brogden, OD
Kefla Brown, OD
Van Christian, OD
Cherri Cowan, OD
Rebecca Cronan, OD
Elmo Dean, OD
Dave Fisher, OD
Jennifer Floyd, OD
Patrick Fontenot, OD
Kayla Gaddis, OD
Gerry Gerdes, OD
Bill Gordon, OD
Christie Goudeau, OD
Cathy Guidry, OD
Jeff Hankin, OD
Michael Haynes, OD
David Heitmeier, OD
Robert Janot, OD
Jarrett Johnson, OD
Susan Jong, OD
Mike Kleamenakis, OD
Devjani Lahiri-Munir, OD
Steven Landrum, OD
Cornel LeBlanc, OD
Erica Lukasko, OD
Patrick Magee, OD
Richard McGuirt, OD
Keith Menard, OD
Jay Miller, OD
David Mitchell, OD
Don Mizelle, OD
Christine Pastilong, OD
William Risinger, OD
Lacy Shaw, OD
Mark Siverd, OD
Cheryl Stoker, OD
Eric Thai, OD
Cary Vincent, OD
Wendy Waguespack, OD
Jimmy Walker, OD
Pete Wardell, OD
Sandra Warner, OD
Brandon Wax, OD
Stephanie White, OD
Oliver Whitney, OD
John Wise, OD
Chris Wroten, OD

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Book recounts establishment, first 3 decades of NEI

Carl Kupfer, M.D., and Edward McManus have been a team since 1973—Kupfer's third year as the first director of the National Eye Institute (NEI), part of the National Institutes of Health, and McManus's first year as NEI executive officer.

"From the beginning, Carl had the vision, and I was the implementer," remembers McManus, who later served as NEI deputy director.

So it was fitting that they reunited in 2004, four years after they had both retired from the NEI, to document the institute's history.

"Carl was the driving force behind the book, just like his philosophy was the driving force behind the first several decades of the NEI," McManus says.

Dr. Kupfer and McManus contacted historian and editor Nancy Berlage for guidance in beginning the project. Berlage was tasked with merging two visions of the book—Dr. Kupfer's desire for a narrative, documenting the NEI's philosophy and accomplishments, and McManus's goal of a scholarly public policy paper, describing the development of a successful organization.

> *"Perhaps people can learn from the positive actions we took and our errors of omission," McManus says. "They can see the problems, and how one group tackled them."*

"As a historian, I often work from documents, which can only tell a limited story," Berlage said. "It was very exciting for me to be able to talk to these individuals who had the Institute's collective memory in their heads."

Living histories, however, present the challenge of objectivity, so the team searched for secondary sources to confirm these recollections. Gale Saunders, Dr. Kupfer's former assistant, gathered much of this information from boxes in the National Archives that contained dusty papers: minutes from National Advisory Eye Council meetings, congressional testimony, letters describing strategies for the Institute's formation, and program planning documents from after the NEI's establishment.

Dr. Kupfer and McManus also collected oral histories from people who had testified to Congress in support of an eye institute in the 1960s.

"It was wonderful to be able to get insights from those who had been originally involved," Dr. Kupfer said. "Through the interviews, we had a pretty good picture of what happened, and we were also able to tell a more interesting story."

Dr. Kupfer remembers that the most satisfying part of the project was watching these interviews and facts emerge into a story.

"It was like a giant quilt stitched together carefully over time," he says.

The team began writing nearly two years ago, and organized the book's chapters by themes including, "The Intramural Research Program," "Randomized Clinical Trials," and "National Eye Health Education Program." The publication was recently released to coincide with the NEI's 40th anniversary.

Members of the scientific community may read it to gain insights on how a new organization was built.

"Perhaps people can learn from the positive actions we took and our errors of omission," McManus said. "They can see the problems, and how one group tackled them."

Berlage notes that the book could be particularly interesting to the recipients of vision science advances.

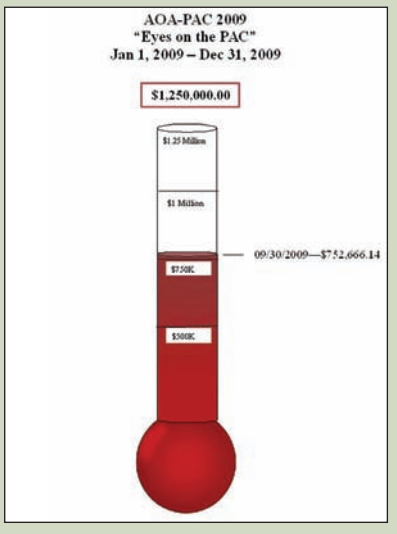
"The general public can read this to see how science works, how it is organized, and how medical procedures develop," she said. "Most, if not all, of us will be on the receiving end of that at some point."

But for the vision research community, this publication holds a more personal significance, according to Dr. Kupfer. "It documents many of the accomplishments of vision researchers, which helped pay back the investment that the U.S. public made when it created the NEI."

Read more about the NEI's history and view a copy of History of the National Eye Institute 1968-2000, by Carl Kupfer and Edward McManus with Nancy Berlage, at *www.nei.nih.gov/neihistory*.

Eyes on the PAC

AOA-PAC contributions reach $752,666.14 so far, on the way to a goal of $1.25 million.



AOA PAC

New Medicare ordering, referring rule takes effect

The Centers for Medicare & Medicaid Services (CMS) is placing new restrictions on ordering/ referring items and services for Medicare beneficiaries. The Medicare agency acknowledges that optometrists are authorized to order/ refer items and services for Medicare beneficiaries, but the new policies could limit access to care for patients and could interrupt reimbursement for the doctor who provides the ordered/ referred item or service.

The CMS is requiring that physicians who order/ refer items or services for Medicare beneficiaries must be enrolled in Medicare or the claim will not be paid. Optometrists who wish to order/ refer Medicare beneficiaries to other physicians or suppliers for items or services will want to be enrolled in Medicare to be able to continue to provide this service to their patients. Optometrists who submit claims for services or items that were ordered or referred by other physicians will want to make sure the ordering/ referring physician is enrolled in Medicare to ensure they will be paid for providing the services or items.

The AOA has communicated with the CMS and other physician organizations about significant problems that could occur as a result of this policy. The CMS has made a few revisions to address some concerns, but the AOA hopes the Medicare agency will make further changes before patient care and physician reimbursement is unfairly denied.

Optometrists who have never enrolled in Medicare but order or refer Medicare beneficiaries for items or services from other physicians may want to enroll in Medicare this year so that the beneficiaries will have those items or services covered when they receive them from the other physicians.

Optometrists who provide items or services to Medicare beneficiaries that were ordered or referred by another doctor will want to ascertain whether the ordering/ referring physician is enrolled in Medicare prior to providing the service.

The AOA strongly recommends members who intend to enroll or re-enroll in Medicare take the process seriously, review the forms and instructions closely, and watch for any correspondence from the Medicare contractor regarding the status of the application.

Meanwhile, optometrists should check the remittance advice they receive from Medicare when they submit a claim for services or items that were ordered/ referred by another physician. The CMS requires the National Provider Identifier for the ordering referring physician to be included in the claim.

Beginning this month, the Medicare contractors will check whether the ordering/ referring physician is in the Medicare Provider Enrollment, Chain and Ownership System (PECOS).

Doctors who enrolled or re-enrolled in Medicare since 2003 are probably in PECOS. Doctors who have not enrolled, reenrolled, or otherwise updated their enrollment records since 2003 are probably not in PECOS. The AOA believes many ODs are in PECOS, but many are not.

According to the CMS, physicians can use *https://pecos.cms.hhs.gov/pecos/login.do* to check whether they are in PECOS. Before using Internet-based PECOS, optometrists should read the educational material about Internet-based PECOS in the "downloads" section that is available on the CMS Web site at *www.cms.hhs.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp*.

If the ordering/referring physician is not in PECOS, then the Medicare contractor is supposed to check other enrollment records to determine if the physician enrolled in Medicare prior to 2003. However, for post-cataract eyeglasses, Medicare contractors will not take this extra step.

If the ordering/ referring physician is not found in PECOS or the enrollment records, Medicare will still pay the claim for the physician service through the end of 2009.

Optometrists should watch their claims for remark messages N264 (missing/ incomplete/ invalid ordering physician provider name) and N265 (missing/ incomplete/ invalid ordering physician primary identifier).

The remark messages indicate that the physician who ordered or referred the item or service is not enrolled in Medicare. Beginning in 2010, those claims will not be paid.

For post-cataract eyeglasses, optometrists who submit the claim electronically should look for a warning message in the Common Electronic Data Interchange (CEDI) GenResponse Report. However, for paper claims, there will be no warning.

Optometrists who submit claims for items or services as the result of an order or referral from another physician should consider checking the enrollment status of the other physician prior to providing the item or service.

The AOA hopes the CMS will provide more information about how physicians can check the enrollment status of other doctors.

The AOA also hopes the CMS will provide more information about how doctors should bill for such services if the enrollment status of the ordering/ referring physician cannot be determined.

Optometrists who order or refer items or services for Medicare beneficiaries should check with Medicare whether they are already in PECOS. Optometrists who are not in PECOS but are enrolled in Medicare may want to consider the benefits and risks of initiating Medicare re-enrollment at this time to get into PECOS. The CMS may soon begin requiring physicians to re-enroll if they are not in PECOS.

The AOA cautions that Medicare enrollment and re-enrollment is not an intuitive or simple process. Mistakes can interrupt all Medicare reimbursement for months at a time.

The AOA strongly recommends members who intend to enroll or re-enroll in Medicare take the process seriously, review the forms and instructions closely, and watch for any correspondence from the Medicare contractor regarding the status of the application.

No one yet knows exactly how big a problem claim rejection could become next year when Medicare cataract patients have their eyes examined at one practice and opt to obtain their eyeglasses through another.

That is because neither the AOA nor the CMS knows exactly how many optometrists are not registered in the PECOS system.

The AOA Advocacy Group is asking AOA members who receive N264 or N265 claim advisory codes on a Medicare Remittance Advisory for cataract eyewear to contact AOA staff person Rodney Peele by e-mail at *RPeele@aoa.org*.

CMS urges flu shots for patients, providers

The U.S. Centers for Medicare & Medicaid Services (CMS) is asking health care to encourage their patients with Medicare to get seasonal flu shots.

"Flu shots are their best defense against combating flu this season. And don't forget—health care workers also need to protect themselves," CMS officials note in a recent public statement.

Medicare provides coverage of the flu vaccine without any out-of-pocket costs to the Medicare patient as a Part B benefit. No deductible or copayment/coinsurance applies. (The CMS notes that influenza vaccine is not a Medicare Part D-covered drug.)

For more information about Medicare's coverage of the seasonal influenza vaccine and its administration, as well as related educational resources for health care professionals, log onto the CMS Web site at *www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp*.

Information on Medicare policies related to H1N1 influenza can be found on the Web site at *www.cms.hhs.gov/H1N1*.

Community provider teams urged to fight diabetes

Federal public health officials are urging optometrists to form community practitioner networks with other health care professionals as a means of providing comprehensive care for patients with diabetes.

The annual November observance of National Diabetes Month presents an opportunity for optometrists and other health care practitioners to explore the development of inter-professional provider networks as well as conduct public education programs to promote greater awareness of their diabetes management services, according the U.S. Department of Health & Human Service's (HHS) National Diabetes Education Program (NDEP).

Dr. Ball urges optometrists to conduct public awareness campaigns, using NDEP and AOA materials, during National Diabetes Month.

Most Americans now understand that diabetes has reached epidemic levels in the United States and represents one of the nation's greatest health threats, program officials emphasized during their 2009 National Partnership Network Meeting, Aug. 17-18 in Atlanta.

The meeting brings together public and private organizations at the local, state, national, and community levels to share innovative ideas and best practices, network, and build partnerships, all in an effort to reduce the morbidity and mortality associated with diabetes. The meeting is open to community leaders, diabetes advocates, diabetes program coordinators, diabetes educators, health care providers, health communications professionals, and those interested in diabetes prevention and control.

However, many people with diabetes are still not managing the disease properly, notes W. Lee Ball, Jr., O.D., who attended the meeting on behalf of the AOA Healthy Eyes Healthy People® Committee.

That is, in part, because many people are still unaware of the many complications of the disease (including diabetic retinopathy) and the steps necessary to prevent or minimize them (such as annual dilated eye examinations), Dr. Ball said.

It is also because many health care practitioners still do not make it a practice to refer patients with diabetes for the complete range of general medical, podiatric, dental and eye care they should receive, Dr. Ball said.

Dr. Ball, and Dennis Frisch, D.P.M., a member of the American Podiatric Medicine Association Board of Trustees, jointly presented a lecture during the conference on interdisciplinary efforts to address both public education and referral issues.

The NDEP was established 12 years ago to fight the nation's then-emerging diabetes epidemic. NDEP efforts have been directly responsible for a marked increase in public awareness of diabetes, according to Dr. Ball.

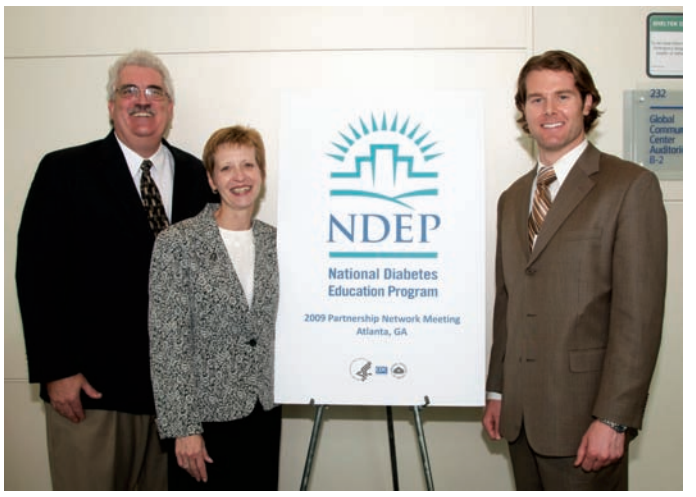
"The National Diabetes Education Program is the federal government's leading public education program for diabetes prevention and control. For 12 years, the NDEP has been focused on changing the way diabetes is treated – from a condition that was often overlooked to a major epidemic that requires our immediate and concentrated attention. The program has established itself as a trusted source of diabetes information and continues to spread the word about diabetes prevention and control," said Dr. Ball.

The AOA is among the 200 organizations that have formally joined the program's efforts.

In 1997, only 8 percent of Americans believed that diabetes was a serious health problem, Dr. Ball notes. In contrast, by 2003, diabetes had been the subject of a *Time* magazine cover story, and by 2006, 89 percent of Americans reported that diabetes was serious health concern.

NDEP officials now hope to similarly increase public understanding of the manifestation of diabetes, from the nerve damage that can necessitate limb amputations, to fuzzy vision and dental problems.

They are also renewing their call for inter-professional referral of diabetes patients among general medical practitioners, endocrinologists, dentists, podiatrists, optometrists and other health care professionals. The NDEP's innovative Pharmacy, Podiatry, Optometry and Dentistry (PPOD) initiative provides a format through which such referrals can be formally encouraged, Dr. Ball notes.



From left, W. Lee Ball, Jr. O.D., of the AOA Healthy Eyes Healthy People® Committee, National Diabetes Education Program Chair Martha Funnell, R.N., and Dennis Frisch, D.P.M., of the American Podiatric Medical Association Board of Trustees.

To be truly effective, both public awareness and inter-professional referral efforts must be instituted at the local level, Dr. Ball said, echoing this year's meeting theme, "The Power of NDEP in Your Community."

During their joint lecture on "Health Messaging: Marketing to the Media and Health Professionals," Dr. Ball and Dr. Frisch also emphasized that both efforts are more effective when a full range of applicable health care practitioners are involved.

Dr. Ball, a member of the New England College of Optometry adjunct clinical faculty, outlined systems used to ensure coordinated, interdisciplinary care for patients at the Joslin Diabetes Center in Boston's Beth Israel Deaconess Medical Center. Dr. Ball is a staff optometrist at the center.

Dr. Ball outlined techniques, used in various Healthy Eyes Healthy People® projects around the nation that can be adapted to facilitate both public education campaigns and cooperation among health care professionals.

"Over the years, the NDEP has developed an impressive library of evidence-based, culturally tailored, and easy-to-read materials on diabetes prevention and control. With the help of its partners like the American Optometric Association, the NDEP has been able to disseminate this important information to communities across the country," Dr. Ball said.

He urged optometrists to conduct public awareness campaigns, using NDEP and AOA materials, during National Diabetes Month.

However, it is just as important to educate other health care practitioners on the importance of interdisciplinary referrals through programs like the NPED's PPOD initiative, Dr. Ball said.

"PPOD is an interdisciplinary effort that focuses on diabetes-related conditions affecting the foot, eye, and mouth, as well as the issues related to drug therapy management," Dr. Ball said. "PPOD promotes a team

see NPED, page 15

Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association.
Got a story to share?
Drop a line to *TLOverton@aoa.org*.

Initiative,

from page 1

optometry, primary care, nursing, pharmacology and dentistry.

Gov. Nixon was joined by members of the Missouri General Assembly as he shared his commitment and passion to ensure that graduates are available for high-need careers that provide jobs upon graduation. He pointed out that a majority of counties in the state are designated as health professional shortage areas.

"By implementing Caring for Missourians we're filling gaps in health care needs," said Gov. Nixon. "And it's a direct boost to the economy by creating a pathway to employment. A degree in health care is a direct ticket to work. There is a critical shortage of health care workers in our state. Because of enhanced programs in schools like this, we are going to meet those needs."

With one-time additional funding of $750,000 received through the Caring for Missourians program, the UMSL College of Optometry will maintain and improve the quantity, quality and diversity of students enrolled in the professional degree program.

The additional resources received will be directed to scholarships and tuition assistance; special equipment for teaching laboratories; acquisition of advanced technology for teaching laboratories and clinics; minor renovation/reconfiguration of existing classroom and teaching laboratory space; and part-time clinical and teaching faculty.

The College of Optometry at UMSL will hire additional non-tenure-track faculty, provide additional tuition assistance, and invest in new technology and laboratory equipment to support an increase of 16 additional optometrists between 2014 and 2017.

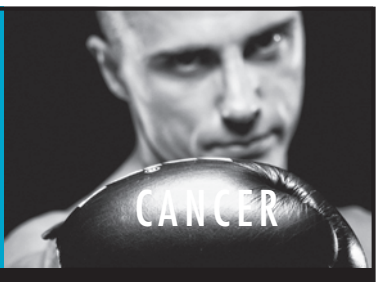
"I congratulate Governor Nixon and members of the Missouri General Assembly for recognizing the impact health professionals have on economic development and the quality of life for Missourians," said Larry Davis, O.D., dean of the College of Optometry. "This initiative is a critical first step that will begin to address the current and future shortage of health care providers."

Gov. Nixon's visit to the college included a brief tour and informal conversations with Dr. Davis; Juliann G. Sebastian, Ph.D., RN, dean of the College of Nursing; Provost Glen Cope, Ph.D.; and students and faculty in the UMSL College of Optometry.

> *"There is a critical shortage of health care workers in our state. Because of enhanced programs in schools like this, we are going to meet those needs."*

23081

Because you'll need help to knockout this enemy...



ENROLL IN THE AOA-ENDORSED OPTI-CANCER PLAN

"I'm sorry, it's cancer," are four words no one wants to hear from their doctor. But if it happens to you, you'll want all the help you can get to beat it.

And that's the good news: **YOU CAN BEAT CANCER.** Survival rate today is 66% for all cancers combined. Some cancers like prostate and breast have nearly a 100% 5-year survival rate if found early.[1]

The bad news: beating it **COMES WITH AN EXPENSIVE PRICE TAG**. Total costs for cancer (including medical costs for treatment and care and costs due to loss of productivity) have increased by more than 20% over the last 5 years.[2]

You may believe your basic health insurance will pay for all these costs. Unfortunately, no plan pays for everything. There are copays, deductibles and policy limitations. Then there are all the "extras"—the non-medical costs such as travel expenses, lost income, child care, and day-to-day living expenses that can really add up and become a financial burden to you.

AOA doesn't want your family to suffer financially if you're diagnosed with cancer. That's why AOA endorses a supplemental cancer insurance plan.

The AOA Opti-Cancer Plan is an affordable "back-up" plan to your basic health insurance plan. And it features these benefits:

- **Up to $300,000.00 in lifetime benefits*** to help pay for your cancer care and treatment, including benefits for hospital stays, surgeries, nursing care, chemo and radiation, and more.
- **Pays benefits for annual cancer screenings and procedures.**
- **Guaranteed acceptance** for members and spouses under age 80 if they have not had cancer in the past five years.
- **Economical group rates** based on the group buying power of nearly 36,000 members.
- **Benefits are paid directly** to you and in addition to your health insurance plan.

Your Best 1-2-3 Punch Against Cancer:

1. **Try to prevent it** by eating healthier, exercising regularly, avoiding the sun, and reducing or eliminating tobacco products. Nearly 80% of all cancers could be prevented by engaging in a healthier lifestyle.[1]
2. **Detect it early**. Make sure you get your cancer screenings. If you're not sure what you need, visit www.AOAInsurance.com/Cancer and you can download the current Recommended Cancer Screenings chart for free.
3. **Get the best care** and treatment you can. It may take a lot of money—that's why a supplemental cancer plan is so important.

Enroll in the AOA Opti-Plan today at www.AOAInsurance.com/Cancer.

New Website!

Proud Supporter of Breast Cancer Awareness Month

If cancer strikes, make sure you're prepared to knock it out.

Find out how affordable the AOA-Opti Cancer Plan can be for you and your family.
Visit www.AOAInsurance.com/Cancer or call 1-866-331-0180 today!

American Optometric Association

*Subject to individual benefit limitations and maximums.

Underwritten by: Monumental Life Insurance Company, an AEGON Company, Cedar Rapids, Iowa. 52499. This material provides a brief description of the benefits available. Complete details may be found in the Group Master Policy MZ0911207H0000A. Some provisions, benefits, exclusions or limitations herein may vary depending on your state of residence.

[1] Cancer Facts & Figures 2009.
[2] Cancer Facts & Figures 2004.

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President,

from page 4

Michael Siegel, O.D., as president of the NJSOP. We also held a town hall meeting in New Jersey to discuss issues facing practitioners including health care reform and board certification.

In New Jersey, I had an opportunity to discuss the recent letter sent to me by the National Committee for Quality Assurance (NCQA). Founded in 1990, this organization has been a major force in the quality movement in health care.

Their letter supported optometry's decision to develop a board certification and maintenance of certification process. In their words, "the profession of optometry is clearly on the right path with its proposal for the American Board of Optometry." You can read their letter at *www.aoa.org* and read more about it on page one of this *AOA News*.)

Last week I had another important meeting. Based on a letter written by Rudy Rodriguez, O.D., a well-known and highly respected New Jersey optometrist, Pfizer was made aware that some of the brochures that were sponsored by Pfizer and produced by the American Academy of Ophthalmology were politically charged and made blatant anti-optometry references.

I sent a letter to Pfizer detailing our issues, and the meeting that resulted from that was with Mr. Ray Larwood, Pfizer's National Sales Director. You can read my letter at *http://www.aoa.org/x13612.xml*. Pfizer was very concerned about the offensive material and has immediately pulled it out of circulation. Pfizer is interested in developing a closer relationship with optometry and the AOA and a follow-up meeting will be arranged.

The AOA has had and continues to have excellent relationships with other pharmaceutical companies. It is hoped that Pfizer and AOA develop closer relationships that may result in programs that will help optometrists take better care of our patients with glaucoma.

At the end of the month, Dr. Ellis and I have a meeting planned at the White House with President Obama's health care reform team. I have already met once with White House staff, and I feel that future dialogue is important so that President Obama and his advisers hear optometry's vision for a health care reform. We will continue to share our message with the White House that patient choice and access should be considered issues of utmost importance.

Anti-discrimination language remains at the top of AOA's list, since without it, patient care and access may be limited.

Staying in touch with optometry means that as AOA president, I stay in touch with optometrists.

Only through constant dialogue with practicing ODs, optometry students and faculty can the AOA understand the concerns of our profession, position students for a productive career in optometry and protect your ability to practice.

And continuing a dialogue with the federal government, health care quality organizations and the pharmaceutical industry will go a long way toward ensuring that your AOA remains fully engaged in assisting practitioners to provide the best possible patient care.

The development of optometry departments in urban and rural community health centers represents a tremendous opportunity for the profession to provide needed care.

The BEST Multifocal on the Market!

High Definition Progressive Multifocal & High Definition Aspheric Soft Contact Lenses

PolyVue® 2nd Generation

"I just received my new HDX2 Progressive Multifocal fitting kit. After trying them in my own eyes, **I can honestly say that they are hands down the best multifocal on the market!** I have been wearing contact lenses since I was 16 years old and am now almost 52. I have struggled to find a quality lens that did not take away from my distance vision. This lens has allowed me to read a piece of paper in my hand or a sign eighteen to twenty feet away all without reaching for my reading glasses even once! I was even able to adjust small screws in a pair of glasses without having to wear my own. **Without question, the PolyVue 2nd Generation lenses will be the first my office chooses when fitting patients.**" *– Dr. Timothy Hennie, OD*

High Definition HDX Progressive

HDX2

- Dual Patented, Center Near, Genuine Progressive Multifocal
- True High Definition Optics
- Reduced Adaptation Time
- 87.3% Fitting Success Rate!
- Maintains Sharp Distance Vision Contours The Cornea Providing Stability and Minimal Lens Movement
- +1.25 - +2.50 Effective Add

High Definition Aspheric

HD2

- Only Patented Aberration Reduction Lens on the Market
- True High Definition Optics
- Correct Multiple Optical Issues with the Same Lens:
  Myopia, Hyperopia
  Low Astigmatism
  Emerging Presbyopia
- Unparalleled Visual Acuity
- Can Be Fit up to a +1.00 Add

Free Trial Pairs Available*

Call today to order your Fitting Kits and receive **4 FREE boxes* of lenses!**

Limited Time Offer!

Kit Size: 9″x 5″x 9″

For orders or inquiries call:

(877) 734-2010

or visit www.polyvue.com

INTEROJO

*Some restrictions and limitations apply. Call for details.

National Diabetes Month kits available free to AOA members

AOA materials are available to help members promote National Diabetes Month in their communities this November.

AOA National Diabetes Month Member Kits include:

- One set each of two patient education sheets on tear-off pads (in quantities of 50)
- PDFs of each insert on CD for duplication
- A quantity of 10 Vision Simulator Cards
- A quick tips card
- A "how-to" campaign promotion guide on CD
- A poster

The inserts cover the topics: "What is Diabetes?" "What Does My Optometrist See?" "Living with Diabetes," "Preventing Eye Disease," and "Low Vision Rehabilitation."

The tear-off sheets are excellent resources for use at health fairs, community presentations, and in the office.

Materials can be obtained by e-mailing *publicrelations@AOA.org*.

The AOA Web site offers additional diabetes-related information on a special National Diabetes Month page (*www.aoa.org/x5071.xml*).

NPED,

from page 12

approach to comprehensive diabetes care and provides simple care recommendations to clinicians about making cross-disciplinary treatment referrals. " (For additional information, see "Like Peas in a Pod," *Optometry: Journal of the American Optometric Association*, December, 2004.)

"The NDEP's goal remains the same as it was 12 years ago: to improve the treatment and outcomes for people with diabetes, to promote early diagnosis, and to prevent or delay the onset of type 2 diabetes," said NDEP Chair Martha Funnell, R.N., the co-director for Behavioral, Clinical and Health Systems Core for the Michigan Diabetes Research and Training Center at the University of Michigan Medical Center.

"Great progress has been made, but much more needs to be done. We hope that you will continue to work with us in the years ahead as we dedicate ourselves to wider dissemination, deeper outreach, and stronger partnerships to promote these important messages," she told health care providers at the meeting.

NDEP public education materials (copyright free and downloadable at no cost) as well as information on the PPOD interdisciplinary referral program are accessible on the program's Web site (*www.ndep.nih.gov*).

Complete copies of "Working Together to Manage Diabetes: A Guide for Pharmacists, Podiatrists, Optometrists, and Dental Professionals," the NDEP's PPOD program manual, can be downloaded online at *www.ndep.nih.gov/resources/health.htm*

SCCO mourns loss of Gregg

Southern California College of Optometry (SCCO) is mourning the loss of Professor Emeritus James R. Gregg, O.D., D.O.S., D.O.L.

Dr. Gregg was 94. He is survived by his wife, Bernice; son, Ron; daughter and son-in-law, Janell Shearer and Bob Bassett; and grandchildren Patrick Shearer, Jake, Sally and Kent Bassett.

Dr. Gregg was a powerful figure in the history of SCCO as well as the profession of optometry.

Dr. Gregg's columns, articles, monographs, textbooks and presentations covered a wide range of optometric subjects, and appeared in virtually every professional publication.

A prolific writer, Dr. Gregg's columns, articles, monographs, textbooks and presentations covered a wide range of optometric subjects, and appeared in virtually every professional publication.

His book, "Origin and Development of the Southern California College of Optometry, 1904–1984," continues to serve as the primary reference for the history of our great institution.

He authored three popular history books for the profession: "The Story of Optometry," "American Optometric Association: A History," and "History of the American Academy of Optometry, 1922–1986."

His writings appeared in 200 different magazines or journals, totaling more than 500 articles.

He wrote more than 900 newspaper columns that appeared in more than 150 newspapers, about 100 brochures on vision, and 15 books.

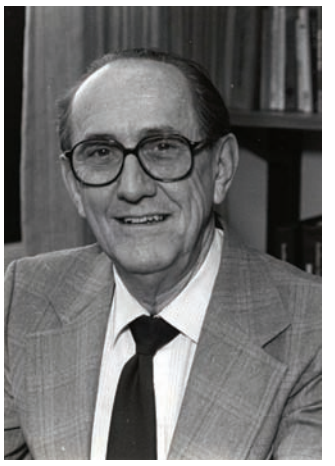
Dr. Gregg also was successful as an outdoor writer.

He published hundreds of articles on fishing, conservation, camping, and travel including cover stories for "Field and Stream" magazine. He was a regular contributor to "Family Camping" magazine, and his articles spanned the geography of all 50 states.

He combined his technical writing on optometry and his love of outdoors and became a leading writer on vision for the sportsman and wrote the book, "The Sportsman's Eye."

Dr. Gregg earned two baccalaureate degrees from The Ohio State University: a B.S. in Business Administration, 1937, and B.S. in Optometry, 1942. He earned his O.D. degree in 1948 from SCCO, then known as the Los Angeles College of Optometry.

He served on SCCO's faculty from 1947 to1984 and was named professor emeritus in 1984. He was interim dean of Academic Affairs from 1975 to 1976 and grants administrator from 1976 to 1984.



Dr. Gregg

He received numerous awards and accolades over his long career. The California Optometric Association named him Optometrist of the Year in 1956, and he served that organization as president in 1958.

SCCO bestowed two honorary degrees upon him, Doctor of Ocular Science, 1956, and Doctor of Letters, 1965.

In 1982, the AOA presented him with its Distinguished Service Award, and in 1989 SCCO's Alumni Association named him Distinguished Alumnus. In 2004, he was named one of the college's Centennial Honorees.

Cards may be sent to:
Mrs. Bernice Gregg
412 S. Rolling Hills Place
Anaheim, CA 92807-3605

New ways to connect with AOA...

www.facebook.com/american.optometric.association

www.twitter.com/aoanews

www.youtube.com/aoaweb

Abbott Medical Optics

Alcon

Allergan

Bausch & Lomb

CIBA Vision Corporation

CooperVision

Essilor of America

Eyemaginations

HOYA Vision Care

Johnson & Johnson Vision Care, Inc

Kemin Health

Luxottica Group

Marchon Eyewear

Optos

Shamir

TLC Vision Corporation

Transitions Optical

VSP Vision Care

VisionWeb

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council™ to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: TLCVision

TLCVision is in partnership with thousands of eye care professionals in North America to serve patients and improve vision.

Through these relationships, TLCVision maintains leading positions in the refractive, cataract, and optometric services markets.

TLCVision's success is founded on its affiliated network of eye doctors, proven consumer education and marketing programs, and continued access to state-of-the-art clinical and surgical technologies.

TLCVision is at the forefront of eye care technology and uses outcomes results to provide excellent care with a continued focus on quality improvement and patient safety.

Early in 1994, the first TLC Laser Eye Centers® facility, a division of TLCVision, opened in Windsor, Ontario, Canada.

Now, with more than 70 centers, TLC Laser Eye Centers (TLC) is North America's largest provider of laser vision correction services with more than 1 million procedures performed.

TLC was founded on the philosophy of working with the most experienced eye doctors and maintains their strong commitment to the co-management model with affiliate optometrists.

A wide range of services is available to TLC affiliate optometrists, including continuing education programs, patient retention and practice growth activities, and the most up-to-date clinical and consultative information.

Through Vision Source℠, TLCVision manages a network for independent optometric practices. The network offers competitive purchasing power, as well as management and marketing services.

Thousands of doctors in more than 1,800 practices across the United States are part of Vision Source.

The Sightpath Medical℠ subsidiary is the largest provider of access cataract, glaucoma, and refractive surgical services in North America.

Sightpath provides doctors and rural hospitals with cataract, YAG, and refractive surgery equipment and technical assistance and support.

Sightpath is also the exclusive U.S. distributor of the Foresee PHP® device for the critical monitoring of age-related macular degeneration (AMD).

TLCVision is proud to partner with the thousands of AOA members who are TLC affiliate doctors.

TLC welcomes the opportunity to express its continued support of the optometric profession by being an active participant of the AOA Ophthalmic Council® and supporter of numerous optometric educational meetings across the country.

AOA Industry Relations Executive Committee member John Coble, O.D., presents a 2009 gold-level sponsorship plaque to TLCVision representatives at Optometry's Meeting®.

Foundation releases Allergy Capital rankings

The Asthma and Allergy Foundation of America (AAFA) announced the 2009 Fall Allergy Capital™ rankings. The annual research project ranks the fall's 100 most challenging cities for people with fall allergies.

The top five cities this year are: McAllen, Texas (1); Wichita, Kan. (2); Louisville, Ky. (3); Oklahoma City, Okla. (4); and Jackson, Miss. (5).

In addition, according to a recent AAFA survey, fall is also one of the most troublesome times of year for people with eye allergies. In the survey, nearly a third (29 percent) of respondents said that they experience eye allergy symptoms in autumn. A full report of the fall rankings and a summary of the eye allergy survey findings are available for free at *www.AllergyCapitals.com*.

Many Americans may not be aware of fall allergies, but spring is not the only time you can have a runny nose, watery eyes, sneezing and/or congestion from upper respiratory allergies. In fact, the fall brings new allergy triggers that are not prevalent in the spring, such as ragweed.

The Fall Allergy Capitals research also shows that overall pollen concentrations have increased in the top allergy cities. Outdoor allergy triggers can make fall a very difficult time for the more than 35 million Americans who suffer from seasonal allergies.

"Whether a city is ranked number 100 on the Allergy Capitals list or number 1, it's essential for allergy sufferers to take the appropriate steps to manage their allergies," said Mike Tringale, director of External Affairs at AAFA. "Allergy sufferers should know what allergens trigger their symptoms and how to manage them."

Eye allergy symptoms can range from red irritation to constant itching. Allergy sufferers who wear contact lenses that you use for longer periods of time may experience discomfort and symptoms such as ocular itching, tearing, and redness because allergens and other irritants can build up on contact lenses over time.

Studies show that daily disposable lenses can be a more comfortable option for many people with eye allergies than lenses replaced every two weeks or more.

The Fall Allergy Capitals research also shows that overall pollen concentrations have increased in the top allergy cities.

During the fall when outdoor allergy triggers peak, people may continue to suffer from indoor allergies caused by common allergy triggers like pet dander and dust mites. In addition, ragweed and pollen can travel indoors through open windows and doors. Indoor and outdoor allergy triggers can be a significant challenge for people year round.

To help allergy sufferers better understand and manage the condition this fall, AAFA is offering a free educational brochure titled "Eye Health and Allergies." The brochure, supported by 1•day Acuvue® Moist® Brand Contact Lenses, includes vital allergy season advice for the nation's 40 million contact lens wearers.

The brochure, which also includes a free trial pair certificate for the contact lenses, can be downloaded at *www.AllergyCapitals.com*.

By visiting the Web site, people can learn if their city is an allergy capital and get information about allergy symptoms, how to avoid triggers, and how to best treat their symptoms.

Transitions releases communications guide for Hispanic patients

Eye care professionals are increasingly seeking effective bilingual communication tools to help them communicate with and provide better care for their Spanish-speaking patients.

The guide features a series of cards organized by the common steps of an eye care appointment to help improve interaction between patients and eye care professionals.

The newly released "What to Expect: Eye Care Communication Guide" from Transitions Optical, Inc. builds on the company's efforts to provide essential bilingual tools to help eye care professionals grow their business by meeting the needs of their Spanish-speaking patients.

The guide features a series of cards organized by the common steps of an eye care appointment to help improve interaction between patients and eye care professionals. English and Spanish versions of basic words and phrases are listed side-by-side on each card so that eye care professionals and staff can simply point to what they want to say and drag their finger to the Spanish version.

"Eye care professionals continue to express strong interest in language tools to help them provide the highest possible level of eye care," said Greg Marko, marketing director, North America, Transitions. "This guide builds on existing tools from Transitions intended to help eye care professionals provide an excellent patient experience for their Spanish-speaking patients by facilitating effective communication in both languages – from the moment they walk through the door, to when they leave with their eyewear in hand."

The Eye Care Communication Guide complements the previously released Eye Exam Guide, which details common eye tests and equipment.

While the Eye Exam Guide is meant to be kept in the eye doctor's office, the Eye Care Communication Guide is designed to be available in appropriate areas of the optical practice.

For instance, the Pathfinder card can be used at the front desk to provide patients an overview when they arrive, while the Lens and Frame Selection card can be kept in the dispensing area.

The Eye Care Guide includes the following cards:

- Pathfinder – provides an illustrated description of the different areas a patient visits during a typical appointment.
- Reception – details common phrases used during sign in and when filling out paperwork.
- Check Out – highlights basic terminology used while discussing payment and scheduling the next visit.
- Lens and Frame Selection – six-panel card includes phrases used to help choose the optimal lenses and frames based on the eye doctor's recommendation and patient lifestyle. Plus, a complete description of premium lens options, materials and frames is included.
- Pick Up – lists key phrases to make sure patients see well through their lenses and includes a reading card.
- Pronunciation – provides a Spanish phonetic guide for common phrases, such as basic greetings and thank you expressions, to help eye care professionals better pronounce basic words and phrases.

Although developed with Spanish-speaking patients in mind, eye care professionals may also find the Eye Care Communication Guide helpful in explaining the eye care experience to all patients.

Eye care professionals can request the "What to Expect: Eye Care Communication Guide" and other tools to help meet patient needs by calling Transitions Optical Customer Service at 800-848-1506, ext. 7448.

Additional information and resources are also available in the Multicultural Programs section on *www.Transitions.com*.

Study on dry eye therapy shows promising results

Lux Biosciences, Inc. a privately held biotechnology company focused on the treatment of ophthalmic diseases, announced results from a Phase 1 human safety and an open-label pilot efficacy study of the company's potential best-in-class therapy for dry eye, LX214 (topical mixed nanomicellar formulation of voclosporin).

Randomized, double-masked, placebo-controlled data from 30 healthy volunteers showed LX214 to be well tolerated at the two doses (0.02% and 0.2%) studied, with safety and tolerability measurements (pain, burning, reddening, photophobia, foreign body sensation and others) indistinguishable from placebo.

An additional cohort of five patients with severe dry eye syndrome was treated with LX214 in both eyes twice a day for 14 days at the target 0.2% concentration.

Data from these patients confirmed that systemic exposure to voclosporin was very low and below the threshold level where measurement of voclosporin blood concentrations would be required in future studies.

Signs and symptoms of disease were also assessed in this cohort of patients.

Despite the small sample size and short duration of treatment, clinically meaningful improvements were noted in both signs (tear production) and symptoms (OSDI index) at seven and 14 days, a trend that bodes well for longer-term, controlled studies to follow.

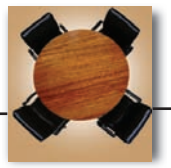
LX214, developed in cooperation with Ashim Mitra, Ph.D., University of Missouri curator's professor of pharmacy and director of Translational Research at the University of Missouri—Kansas City School of Medicine's School of Pharmacy, is a proprietary formulation of Lux Biosciences' next generation calcineurin inhibitor, voclosporin.

Utilizing voclosporin and Lux's proprietary mixed nanomicellar formulation technology, LX214 establishes high levels of drug for 24 hours in relevant ocular tissues following a single administration, including the lacrimal gland and submandibular lymph nodes, suggesting that LX214 may be efficacious and suitable for once daily dosing.

"We are very pleased by the results of this initial human study, which supports the potential of LX214 to become a best-in-class therapy in dry eye, an indication that affects as many as 10 million patients in North America and Europe," said Ulrich Grau, Ph.D., president and chief executive officer of Lux Biosciences.

For more information about the company, visit *http://www.luxbio.com*.

Shown is Costa Del Mar's™ new sunglass style Gatun, featuring a wrap-frame style with a large fit. Gatun is available in Costa 400 or Costa 580 lens options, with eight colors to choose from, including gray, amber, vermillion, sunrise, copper, and blue, green and silver mirror. Gatun retails from between $149 and $249. Visit *www.costadelmar.com* for more information.



MEETINGS

November

OPTOMETRIC EXTENSION PROGRAM
THE ART & SCIENCE OF OPTOMETRIC CARE – A BEHAVIORAL PERSPECTIVE (OEP Clinical Curriculum)
November 5-9, 2009
Western University College of Optometry, Pomona, CA
Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net

OPTOMETRIC EXTENSION PROGRAM
VT/LEARNING RELATED VISUAL PROBLEMS (VT 2) (OEP Clinical Curriculum)
November 5-9, 2009
Grand Rapids, Michigan
Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net

MISSISSIPPI OPTOMETRIC ASSOCIATION
2009 FALL CONTINUING EDUCATION CONFERENCE & EXPOSITION
November 6-8, 2009
Hilton of Jackson, Mississippi
Linda Ross Aldy
601/853-4407
FAX: 601/853-4408
msoptometr@aol.com
www.mseyes.com

MASSACHUSETTS SOCIETY OF OPTOMETRISTS
FALL MEETING
November 8, 2009
Best Western Royal Plaza Hotel, Marlborough, Massachusetts
Richie Lawless
508/875-7900
FAX: 508/875-0010
www.massoptom.org

ANNUAL CONVENTION
HAWAII OPTOMETRIC ASSOCIATION
November 8-11, 2009
Mauna Lani Resort on the Island of Hawaii – "The Big Island"
Charlotte Nekota
808/537-5678
hoaopt@earthlink.net

2009 ANNUAL CONGRESS
WEST VIRGINIA OPTOMETRIC ASSOCIATION
November 12-15, 2009
Charleston Town Center Marriott, Charleston, West Virginia
304/720-8262
www.wvoa.com

PRIMARY CARE SYMPOSIUM
WISCONSIN OPTOMETRIC ASSOCIATION
November 13-14, 2009
Ramada, Stevens Point, Wisconsin
Joleen Breunig
800/678-5357
FAX: 608/824-2205
joleenwoaoffice@tds.net
www.woa-eyes.org

AMERICAN ACADEMY OF OPTOMETRY
November 11-14, 2009
Academy 2009 Orlando
Orlando, Florida
Orlando World Center - Marriott
www.aaopt.org

FALL EDUCATION CONGRESS AND VISION EXPOSITION
NORTH CAROLINA STATE OPTOMETRIC SOCIETY
November 13-15, 2009
Grove Park Inn, Asheville, North Carolina
Sue Gardner or Roxanne Webb
252/237-6197
FAX: 252/237-9233
nceyecare@aol.com

2009 ANNUAL CONFERENCE
VOSH/INTERNATIONAL
November 15, 2009
Spring Hills Suites, Orlando, Florida
Harry I. Zeltzer, OD, DOS, FAAO
978/356-0447
voshinternational@comcast.net
www.vosh.org

PHILADELPHIA COUNTY OPTOMETRIC SOCIETY & KEYSTONE EYE GROUP
Diurnal Pressure Control for Glaucoma Patients & Surgical Lesions of the Eyelids with Cosmetic Update
November 18, 2009
Tiffany Diner, 9010 Roosevelt Blvd., Philadelphia, PA 19115
Richard H. Sterling, O.D.
267/474-3190
Rster9737@comcast.net
www.philaoptometry.org

MONTEREY SYMPOSIUM
November 20-22, 2009
www.montereysymposium.com

EyeCon Meeting
Texas Optometric Association
November 21-22, 2009
Radisson Hotel & Suites, Dallas Love Field, Dallas, TX
Brigitte Kelly
512/707-2020
FAX: 512/326-8504
TOAbrigitte@austin.rr.com
www.texas.aoa.org

December

OPTOMETRIC EXTENSION PROGRAM
VT/VISUAL DYSFUNCTIONS (OEP CLINICAL CURRICULUM)
December 2-6, 2009
Phoenix, Arizona
Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net

MAINE OPTOMETRIC ASSOCIATION
DECEMBER "ANNUAL" CONFERENCE
December 4-6, 2009
Holiday Inn by the Bay, Portland, Maine
Joann Gagne
207/626-9920
www.MaineEyeDoctors.com

CLINICAL TRIALS EDUCATION SERIES: PRINCIPLES AND CONCEPTS IN CLINICAL TRIALS FOR EYE RESEARCHERS
Association for Research in Vision and Ophthalmology
December 17-19, 2009
Baltimore, Maryland
Jot Grammer
jgrammer@arvo.org
www.arvo.org/ctes

January

THE ULTIMATE PRACTICE MANAGEMENT CONFERENCE VI: "TAKING CARE OF BUSINESS"
Ultimate Events, LLC
January 8-10, 2010
Hollywood Beach Marriott, Hollywood, Florida
Don Teig, O.D., F.A.A.O.
203/438-5855
203/312-3123
Doc7ct@snet.net
www.ultimateeventsllc.com

ANNUAL EDUCATIONAL CONFERENCE
EYE CARE ASSOCIATES
January 9-10, 2010
Williamsburg, Virginia
Linda Cavazos
804/356-5165
FAX: 804/745-1773
eca_linda@hotmail.com

21ST ANNUAL BERKELEY PRACTICUM
University of California, Berkeley
January 9-11, 2010
DoubleTree Hotel, Berkeley Marina, Berkeley, California
Nyla Marnay
510/642-6547 or 800/827-2163
FAX: 510/642-0279
OptoCE@berkeley.edu

MOA WINTER SEMINAR
Michigan Optometric Association
January 20-21, 2010
Lansing Center, Lansing, Michigan
Pam Steffy
517/482-0616
FAX: 517/482-1611
pam@themoa.org
www.themoa.org

1 DAY CE SEMINAR
Virginia Optometric Association
January 31, 2010
Doubletree Hotel, Charlottesville, Virginia
Bruce B. Keeney, Sr.
804/643-0309
voaeyedocs@aol.com
CE: 4 hours

February

WINTER THAW
Delaware Optometric Association
February 6, 2010
Embassy Suites, Newark, DE
Yvonne Kneisley, O.D.
45 East Main Street, Ste. 201
Newark, DE 19711
302/224-3000
FAX: 302/224-1524
yvonnekneisley@verizon.net

SECO INTERNATIONAL
SECO International 2010
February 10-14, 2010
Georgia World Congress Center, Atlanta, GA
Bonnie Fripp
770/451-8206, ext. 13
www.seco2010.com

HEART OF AMERICA CONTACT LENS SOCIETY
49th Annual Heart of America Contact Lens Society Contact Lens and Primary Care Congress
February 12-14, 2010
Dr. Steve Smith
918/341-8211
registration@hoacls.org
www.hoacls.org

110TH ANNUAL CONVENTION
TEXAS OPTOMETRIC ASSOCIATION
February 18- 21, 2010
Renaissance Hotel Austin, TX
Brigitte Kelly
512/707-2020
FAX: 512/326-8504
TOAbrigitte@austin.rr.com
www.texas.aoa.org

5TH INTERNATIONAL CONFERENCE ON OCULAR INFECTIONS
February 18-21, 2010
Breakers Hotel, Palm Beach, Florida
www.ocularinfections.com

MAINE OPTOMETRIC ASSOCIATION
FEBRUARY "CE & SKI" CONFERENCE
February 26-27, 2010
Grand Summit Hotel-Sugarloaf, USA, Carrabassett Valley, Maine
Joann Gagne
207/626-9920
www.MaineEyeDoctors.com

2010 WINTER CE EVENT
Oregon Optometric Physicians Association
February 26-28, 2010
Inn at Seventh Mountain, Bend, OR
Wayne Schumacher
www.oregonoptometry.org

March

INTERNATIONAL VISION EXPO EAST March 18-21
New York
www.Vision Expo East.com

April

OPTOMETRIC EXTENSION PROGRAM FOUNDATION, INC. AND NEURO-OPTOMETRIC REHABILITATION ASSOCIATION (NORA)
6th International Congress of Behavioral Optometry (ICBO)
In Conjunction with the Neuro-Optometric Rehabilitation Association (NORA)
19th Annual International Multi-Disciplinary Conference
April 6-11, 2010
Western University of Health Sciences College of Optometry
Pomona, CA
949/250-8070

INTERNATIONAL CONGRESS OF BEHAVIORAL OPTOMETRY (ICBO)
6th International Congress of Behavioral Optometry
April 8-11, 2010
Southern California
Robert Williams
949/250-8070

ARKANSAS OPTOMETRIC ASSOCIATION
2010 SPRING CONVENTION
April 15-17, 2010
The Peabody Hotel, Little Rock, AR
Vicki Farmer
501/661-7675
FAX: 501/373-0233
aropt@swbell.net
www.arkansasoptometric.org

SOUTH DAKOTA OPTOMETRIC SOCIETY
2010 SDOS SPRING CONVENTION
April 21-23, 2010
Ramkota River Centre, Pierre, South Dakota
Deb Mortenson
605/224-8199
FAX: 605/224-6047
Sdeyes3@pie.midco.net
www.sdeyes.org

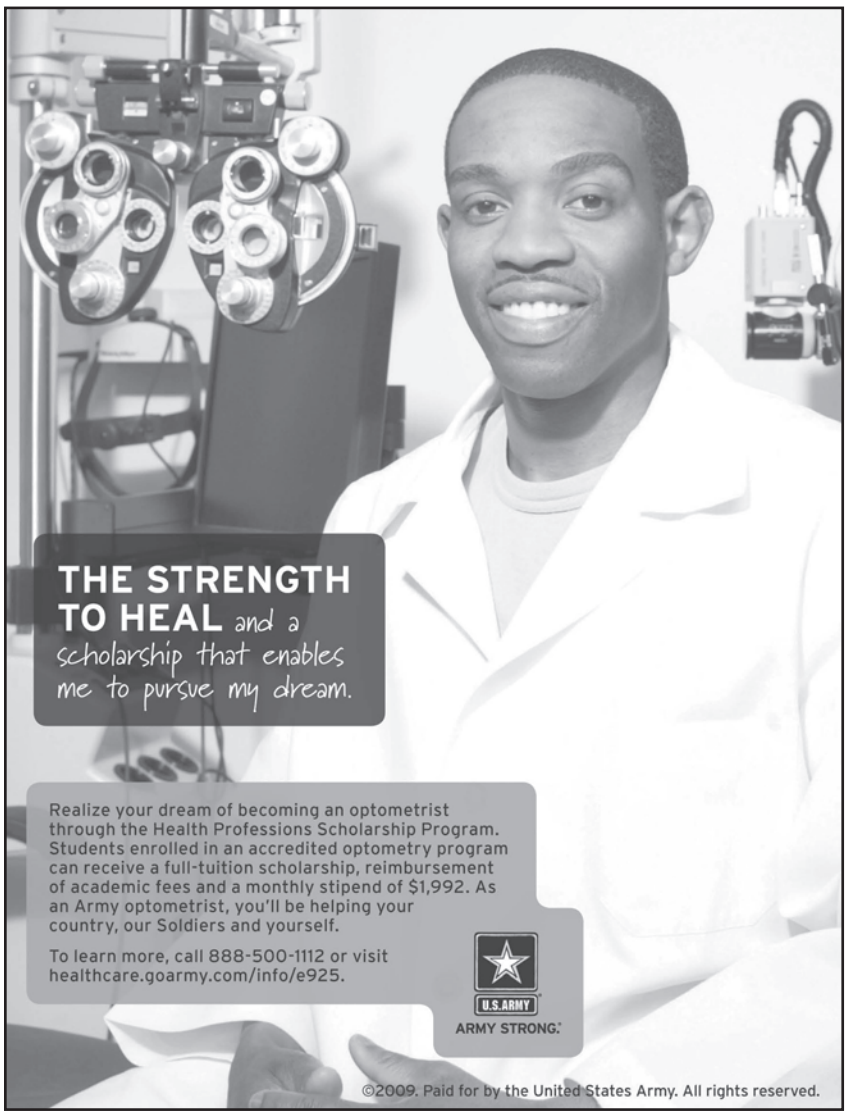
2010 ARVO ANNUAL MEETING: FOR SIGHT: THE FUTURE OF EYE AND VISION RESEARCH
ASSOCIATION FOR RESEARCH IN VISION AND OPHTHALMOLOGY
May 2-6, 2010
Fort Lauderdale, Florida
Ellyn Terry
eterry@arvo.org
www.arvo.org/ctes

June

MAINE OPTOMETRIC ASSOCIATION
JUNE "SUMMER" CONFERENCE
June 4-6, 2009
Harborside Hotel & Marina, Bar Harbor, Maine
Joann Gagne
207/626-9920
www.MaineEyeDoctors.com

108TH ANNUAL CONVENTION
MIDDLE ATLANTIC CONTINUING EDUCATION CONFERENCE & PARAOPTOMETRIC EDUCATION CONFERENCE
Virginia Optometric Association
June 11-13, 2010
Norfolk Waterside Marriott, Norfolk, VA
B. Bennett Keeney, Jr.
804/643-0309
voaeyedocs@aol.com

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org



The New England College of Optometry announces Residency Programs 2010-2011 in the following areas:

- Community Health Optometry (2)
- Ocular Disease (2)
- Cornea and Contact Lenses (2)
- Pediatric Optometry (2)
- Primary Eye Care-VA (4)
- Primary Eye Care and Ocular Disease-VA (11)
- Low Vision Rehabilitation/Primary Eye Care-VA (3)
- Primary Eye Care/Geriatric Optometry-VA (2)
- Ocular Disease-VA (1)

For more information about our programs, please contact:

Douglas J. Hoffman, O.D., F.A.A.O.
Director of Residencies
The New England Eye Institute
940 Commonwealth Avenue, Suite 2
Boston, MA 02215
hoffmand@neco.edu
or visit the
NECO Website at www.neco.edu

For application information, please visit the ORMS Website at: www.orms.org

SKIVISION 2010
c/o UAB School of Optometry
Office of Continuing Education HPB 124 E
1530 3rd AVE S, BIRMINGHAM, AL 35294-0010
Contact, Susan Conville; sec@uab.edu; 205 934-5701
FAX: 205 934-6758; ATTN: Susan Conville, RE: SkiVision 2010

SKIVISION 2010

- Over 23 Hours of Continuing Education still for only $495
- A wide variety of topics: contact lenses to glaucoma to retina
- Exhibits! Exhibits! Exhibits!
- Register online by December 15, 2009 and get $100 discount!
- Register to stay at a Silvertree property by January 15th for a $100 discount; must provide a valid hotel confirmation number.
- Pre-conference discounted lift tickets before 1/15/09

To register please visit our website at www.skivision.com and register securely online

Silvertree Properties
Ski-in and Ski-out on the slopes
Snowmass - Aspen, Colorado
February 13-17, 2010

Call the Silvertree Hotel at 800-525-9402 and ask for the "SkiVision Rates" for many properties on the mountain. Hotel and Condo's available!

Wildwood/Premier:	$259/night
Aspenwood—Studio:	$299/night
Silvertree—Std room:	$359/night
Silvertree—Deluxe room:	$389/night
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Woodbridge—2BR Condo:	$479/night

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Kathy Dumbleton, MSc
Murray Fingeret, OD
Robert Fechtner, MD
John Flanagan, MCOptom, PhD
Ben Gaddie, OD
Michael Gross, MD
Paul Karpecki, OD
Steve Newman, OD
Jack Schaeffer, OD
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Call Gene Dickson 352-318-2958
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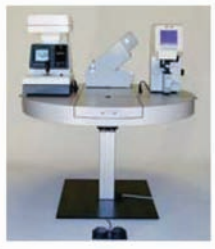

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Western University of Health Sciences
OF HEALTH SCIENCES

The discipline of learning. The art of caring.

COLLEGE OF OPTOMETRY

Western University of Health Sciences, a thriving center for health care and veterinary education in Pomona, California, is headquarters to nine colleges – Optometry, Dental Medicine, Podiatric Medicine, Graduate Biomedical Sciences, Allied Health, Graduate Nursing, Osteopathic Medicine, Pharmacy, and Veterinary Medicine. The University values a diverse community and is committed to unparalleled excellence in its faculty, staff and students (www.westernu.edu).

The Western University College of Optometry seeks applicants for didactic and clinical faculty with a variety of interests to participate in the development and implementation of its curriculum. Candidates should have a record of distinguished academic accomplishments and a passion for excellence in teaching, scholarship, service, leadership, and/or patient care, as applicable.

Candidates with interest, experience, and expertise in all areas of optometric education will be considered. Applicants with teaching experience in Ocular Physiology, Vision Science, Optometric Theory and Methods, and Principles and Practice of Behavioral Optometry are specifically sought. Specific job descriptions will vary with the expertise and inclinations of each successful candidate and may include a combination of teaching, scholarly, and patient care opportunities.

Faculty rank will be commensurate with experience and expectations of future accomplishments. Salary and benefits are competitive. For clinical faculty, requirements include a license to practice optometry in the state of California or the ability to obtain such license within one year of appointment.

Applicants should submit the following electronically to **Daniel Kurtz, PhD, OD, Associate Dean of Academic Affairs, to dkurtz@westernu.edu**

- Cover letter explaining how the applicant's background meets the requirements for a faculty position including examples of teaching experience, philosophy, and goals.
- Current curriculum vita

Positions will remain open until filled.

Western University of Health Sciences is an equal opportunity employer.

ASSOCIATE DEAN OF STUDENTS

The New England College of Optometry is soliciting applications for the position of **ASSOCIATE DEAN OF STUDENTS**. Reporting to the VP/Dean of Academic Affairs, this position supports the Office of the VP/Dean of Academic Affairs in the areas of Student Services, specifically overseeing the activities and supervising the managers of student-focused offices, ensuring that students with special circumstances receive the required assistance, and attending student-related functions.

This position requires: an advanced degree in an appropriate field; an O.D. degree is desirable; at least 10 years of experience working with adult learners in educational or clinical setting; experience in higher education (graduate level preferred); excellent communication and listening skills; ability to successfully negotiate/arbitrate to ensure the safety and welfare of students and other College personnel; possess strong interpersonal skills and have the ability to successfully work with diverse personalities and work styles; and previous supervisory experience.

Deadline to apply is the close of business on November 30, 2009.

To apply, send cover letter, resume and contact information for three professional references to:

Search Committee
c/o Human Resources
The New England College of Optometry
424 Beacon Street
Boston, MA 02115
HRDepartment@neco.edu

The College is an Equal Opportunity employer.

Broward County Optometric Association

GOLD COAST EDUCATIONAL RETREAT

Saturday/Sunday, January 16-17, 2010
Hyatt Regency/Pier 66, Ft. Lauderdale

18 hours CE, all COPE approved or approval pending, including:
Florida jurisprudence, Medical Errors, AIDS, 10 hours Florida TQ and more

Featured Speakers include:
Tammy Than, OD, FAAO – *oral meds and anterior and posterior clinical challenges*
Joseph Sowka, OD, FAAO, Diplomate – *grand rounds: internal medicine optometry*
Mark Dunbar, OD, FAAO – *posterior segment*
Steven Newman, OD, CNS – *vascular disease and the eye*
Alan Glazier, OD, FAAO – *using technology to market your practice*
Albert Aran, MD – *corneal dystrophies and ectasias*

For a brochure or to register online, go to **BCOA@browardeyes.org**
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Visit Myrtle Beach, SC
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December 10 - 13 2009
Marriott Grande Dunes Hotel
For reservations call 800-644-2881
• 21 hours of CE • Exhibit hall Friday & Saturday

Speakers will include:
Dr. Paul Ajamian, Dr. Jim Thimons, Dr. John McGreal, Dr. Jerry Sherman, Dr. Kim Reed and Dr. Keith Riddle.

Golf at The Myrtlewood - Palmetto Gold Course on Saturday, December 12th.

For more information, email **scoa@capconsc.com**
or toll free at **877-799-6721.**

South Carolina Optometric Association
www.sceyedoctors.com

Florida Optometric Association

In Conjunction with Nova Southeastern University College of Optometry

Date:
November 21-22, 2009

2009 Florida Eye Symposium

Place:
Quorum Hotel Tampa

12 hours of CE (All TQ)
Speakers to include:
Yin C. Tea, O.D., F.A.A.O., Nicole A. Patterson, O.D., F.A.A.O.
& Albert D. Woods, O.D., F.A.A.O.

Register before October 19th to get early registration rate

To register, go to www.floridaeyes.org or contact Kellie Webb at 800-399-2334 or email Kellie@floridaeyes.org

For hotel reservations, please call 877-478-6786
Cut off date for special room rate of $99/night is October 19, 2009

American Optometric Association
NEWS Online
www.aoanews.org

Tuba City Regional Health Care Corporation
P.O. Box 600
Tuba City, AZ 86045

Tuba City Regional Health Care Corporation (TCRHCC) is seeking an **optometrist** to work in a stimulating, interdisciplinary, hospital environment providing primary optometric eye care with a large degree of ocular disease and trauma. Optometrists at TCRHCC are fully-credentialed, independent practitioners of the medical staff. The current department staff includes four optometrists and one ophthalmologist.

Located 60 miles north of Flagstaff, Arizona, TCRHCC Hospital is a 75 bed referral center within the Navajo Reservation. TCRHCC provides health care to Native Americans. The vast majority of patients are either of the Navajo or Hopi tribes.

Attractions within a day's drive of Tuba City include Grand Canyon, Bryce and Zion National Parks, the San Francisco Peaks, Lake Powell, Monument Valley, Sedona, Phoenix, Telluride, CO and Las Vegas, NV. Popular recreational activities include biking, camping, hunting, fishing, rafting, downhill and cross-country skiing.

Requirements

- Doctor of Optometry from an accredited optometry program
- Proficient in the diagnosis and mgnt. of ocular disease
- Completion of an accredited residency or 5 years experience
- Priority given to residency trained optometrists

Contact

Larry E. Richardson, O.D., F.A.A.O.
Chief of Eye Care Services
Tuba City Regional Health Care Corporation
(928) 283-2749
Larry.Richardson@tchealth.org

NORTHEASTERN
STATE UNIVERSITY
www.optometry.nsuok.edu

OKLAHOMA COLLEGE OF OPTOMETRY

Tahlequah, Oklahoma is accepting applications for several faculty positions. Most positions are tenure eligible and will include classroom and clinical teaching duties. Opportunities exist in Primary Care, Acute Care, Contact Lenses, Ocular Pharmacology, Anatomy and Physiology, Vision Therapy/Rehabilitative Optometry, Pediatric Optometry, and Community Health. One position is a non-tenure track position providing direct clinical care and clinical teaching.

Applicants' qualifications must include the O.D. degree and eligibility for licensure in **Oklahoma**. Preference will be given to applicants with advanced academic degrees, residency training, extensive clinical experience, or teaching experience. Interests of the successful applicants will be considered in the planning of teaching responsibilities. Positions open until filled.

A current curriculum vitae, official transcripts of all college work completed, and three letters of reference should be submitted to:

DR. MARTHA ALBIN, DIRECTOR OF HUMAN RESOURCES
NORTHEASTERN STATE UNIVERSITY
600 NORTH GRAND AVENUE
TAHLEQUAH, OK 74464-2399

Questions concerning the position may be directed to:
Michelle Welch, O.D.
Associate Dean (918) 444-4035
Ref: Position # EOOO2015, #EOOO2006, #EOOO2012, #EOOO2004,#EOOO2014, PPCN2002
NSU is an Affirmative Action/Equal Opportunity Employer.

SOUTHERN COLLEGE OF OPTOMETRY

Clinical Chief of Service, Adult Primary Care

Southern College of Optometry invites applications for a full-time faculty position to become the Chief, Adult Primary Care in The Eye Center. Applicants should have an OD degree with a minimum of 5 (five) years in optometric practice as well as experience in a clinical teaching environment. Managerial experience is also required. Applicants must hold full licensure to practice optometry in Tennessee including therapeutic and injectable certification or be eligible for licensure by January 2010. Residency certification is preferred.

The Chief of Adult Primary Care is the immediate administrator of faculty/staff doctors in the Service Area. The Chief of Adult Primary Care works in conjunction with the Chiefs of the other Service Areas, the Director of Clinic Operations and under the general direction of the Chief of Staff. The Chief is responsible for daily management of the Service Area including patient care and quality assurance. The Chief assists the Chief of Staff regarding implementation of the Clinical Curriculum and is the Instructor of Record for 3rd and 4th professional year courses for clinical programs.

The successful applicant will have a proven track record in personnel management, excellence in patient care and academic optometry. The successful applicant should be conversant in financial and clinical protocols relevant to a practice setting similar to that of The Eye Center. He/she must have demonstrated a clear potential to assume a leadership role in a dynamic health care and educational environment.

Applicants must submit a letter of intent and curriculum vitae by December 30, 2009 to:

Dr. Lewis Reich
Vice President for Academic Affairs

c/o The Human Resources Department
Southern College of Optometry
1245 Madison Avenue, Memphis, TN 38104-2222
or via email at lreich@sco.edu

Southern College of Optometry is an affirmative action, equal opportunity employer.

Executive Director Position

Florida Optometric Association

The Florida Optometric Association seeks an Executive Director who will serve the Association in such as way, as to: ensure the financial stability of the Association, work collaboratively with a Board of Directors, ensure the legal integrity of the Association through the Association's legal counsel, develop fundraising and membership programs that provides a diverse, sustainable and reliable revenue stream, provide a leadership and managerial style that strengthens the Association and the profession of Optometry in the State of Florida.

Qualifications: The successful candidate will have: experience within the profession of optometry or equivalent advanced professional field, strong, decisive leadership experience and decision-making style based on collaborative relationships, knowledge of and understanding of sound accounting principles, experience and success working within fundraising and membership development programs.

Rank will be commensurate with past experience, qualifications and responsibilities.

For further information on the Florida Optometric Association see:
www.floridaeyes.org

Immediate availability; review of applications begins September 15, 2009 and continues until position is filled. Applicants should electronically send a resume, 3 personal references and 3 professional references to:
EDSearchCommittee@floridaeyes.org.

The Florida Optometric Association is an equal opportunity employer.

CLASSIFIEDS

Professional Opportunities

A NEW EMPLOYMENT LINK: Looking for fill-in opportunities on your days off? Temp-practitioner.com is a new website designed to match health practitioners, including optometrists, with temporary employment opportunities. Registration is FREE, private, and there is NO OBLIGATION to accept any particular offer. Potential employers in your area will review your information and contact you about fill-in opportunities. You decide if the opportunity is right for you. You also negotiate your own fees, schedule, etc. So go to the website and sign up today and turn extra days into extra dollars!

ALL STATES – PRACTICES FOR SALE and 100% FINANCING plus Working Capital. 30 years of professional experience. Large Database of Buyers/Sellers. Confidentiality Maintained. Pre-qualified Buyers. Free Valuation and internet advertising for Sellers. Call ProMed Financial, Inc. 888-277-6633. Visit www.promed-financial.com.

CENTRAL PENNSYLVANIA. Well-established practice for sale due to retirement planning. Excellent opportunity for young energetic optometrist. Call 717 892 6761.

Danville VA, Large practice needs associate/partner. Email resume with cover letter to drmbbauman@comcast.net

FLAGSTAFF, AZ.- Fabulous resort area Estab 20+ yrs. XInt location. Grosses $375,000+. Motivated seller. 100% financing. info@promed-financial.com or call 888-277-6633

Full time optometrist wanted for an established ophthalmology practice in Spokane, WA. All applicants must be licensed in the state of Washington. We specialize in cataract, corneal transplant surgery and laser vision correction. We have a strong co-management philosophy in which the optometrist will have a significant role in continued development and growth in our optometric community. Duties include assisting in providing care for routine, medical and surgical patients. This is a great opportunity with a growing company. Please email or fax your resume to: empireeye@empireeye.com; 509-928-0784

FOR SALE: PRIVATE OPTOMETRIC PRACTICE, GREAT OPPORTUNITY, OWNER RETIRING, **NORTHWEST GEORGIA** LOCATION, CALL 770-748-5651

"INDEPENDENT" Practice *Central Maine *Appraised Value $570,000.00 *Call Practice Broker Richard S. Kattouf, O.D., D.O.S. 1-800-745-EYES

INDIANA: Residency trained or opthalmic disease experienced optometrist for busy medical/surgical referral practice. Contact Jim Hunter at 317-925-2200 or fax resume to 317-921-6614.

North Carolina - Coastal Community. Premier practice grossing $1,450,000 annually. This long established practice is fully equipped. Seller will assist with transition. Financing available. Call 800-416-2055. www.transition-consultants.com

North Carolina - excellent opportunity for associate in beautiful Raleigh,Winston-Salem, or Greensboro. Full or PT. Exceptional income in six figures plus range. Benefits including health, dental, retirement, CE, license. Knowledgable support staff. Dr Bill Fox 1-919-844-2114; 1-919-744-6389; drfox@nc.rr.com

Northeast Connecticut: Well-established Practice for sale due to retirement. 4512 sq Ft Colonial w/8 room professional office, one 6 room, 2 bed/2.5bath unit, one 3 room, 1 bed/1bath Unit on .57 acres. Garage and large paved lot. Building, optometric business and trade fixtures for $410,000. Excellent opportunity for young optometrist. 860-779-1290.

PRIVATE PRACTICES FOR SALE/ SELLERS NEEDED FOR BUYERS SEEKING PRIVATE PRACTICES in Ohio, New York and Florida. Contact Sandra Kennedy at National Practice Brokers (800) 201-3585.

RYE BROOK, NY – Large, well-established practice for sale by husband and wife optometrists planning retirement. 3600 square foot office with two full-time opticians and four assistants. Call 914 939-0830 or e-mail Arthur Copeland, O.D. at JudyArt @aol.com

Virginia, Roanoke Metro Area Optometrist F/T, top salary and benefits. Recent grads welcome to apply. Please call 732-502-0071

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Have you completed an accredited residency with emphasis on medical optometry? Contact info@abcmo.org to be included, at no charge, in a public registry that will provide recognition of your achievement and assist in future certification in medical optometry.

VOSH-INTERNATIONAL NEEDS YOUR OUTDATED EQUIPMENT!! How would you like to donate your outdated equipment to a worthy cause and receive a tax deduction at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC(International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life. Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. Information about IMEC is available at www.imecamerica. The most desirable items that programs in developing countries need are: Trial lens kits, battery powered hand scopes, assorted pliers and optical tools, hand stones for edging glass lenses, uncut lenses (both SV and BF), manual lensometers, phoropters, lens clocks, color vision tests, keratometers and biomicroscopes. This list is certainly not complete but gives an idea of some of the basic needs these developing programs can benefit from. All items may be shipped directly to:
VOSH INTERNATIONAL
C/O VOSH FL
3701 SE 66th Street
Ocala, FL 34480
Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.vosh.org with any questions or email jaforey@comcast.net and voshinternational@comcast.net.

Classified Advertising Information

Effective the October 9, 2006 issue onwards, Classified advertising rates are are as follows: 1 column inch = $65 (40 words maximum) 2 column inches - $115 (80 words maximum) 3 column inches = $155 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is $30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at t.peppers@elsevier.com attention Traci Peppers, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers - Elsevier ad sales contact - at 212.633.3766 for advertising rates for all classifieds and showcase ads.

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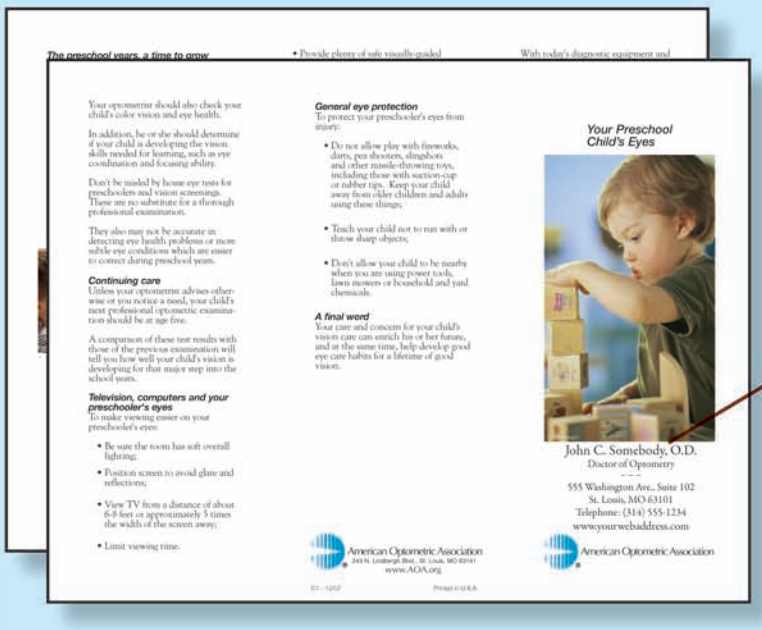

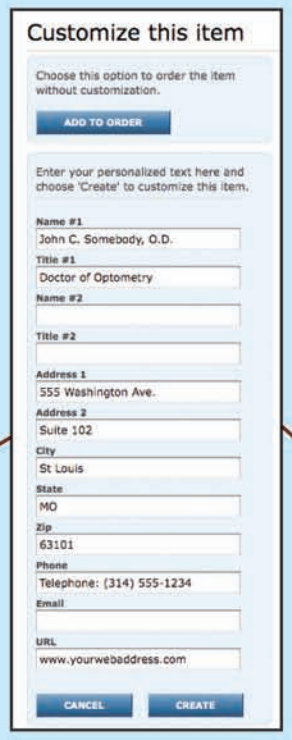

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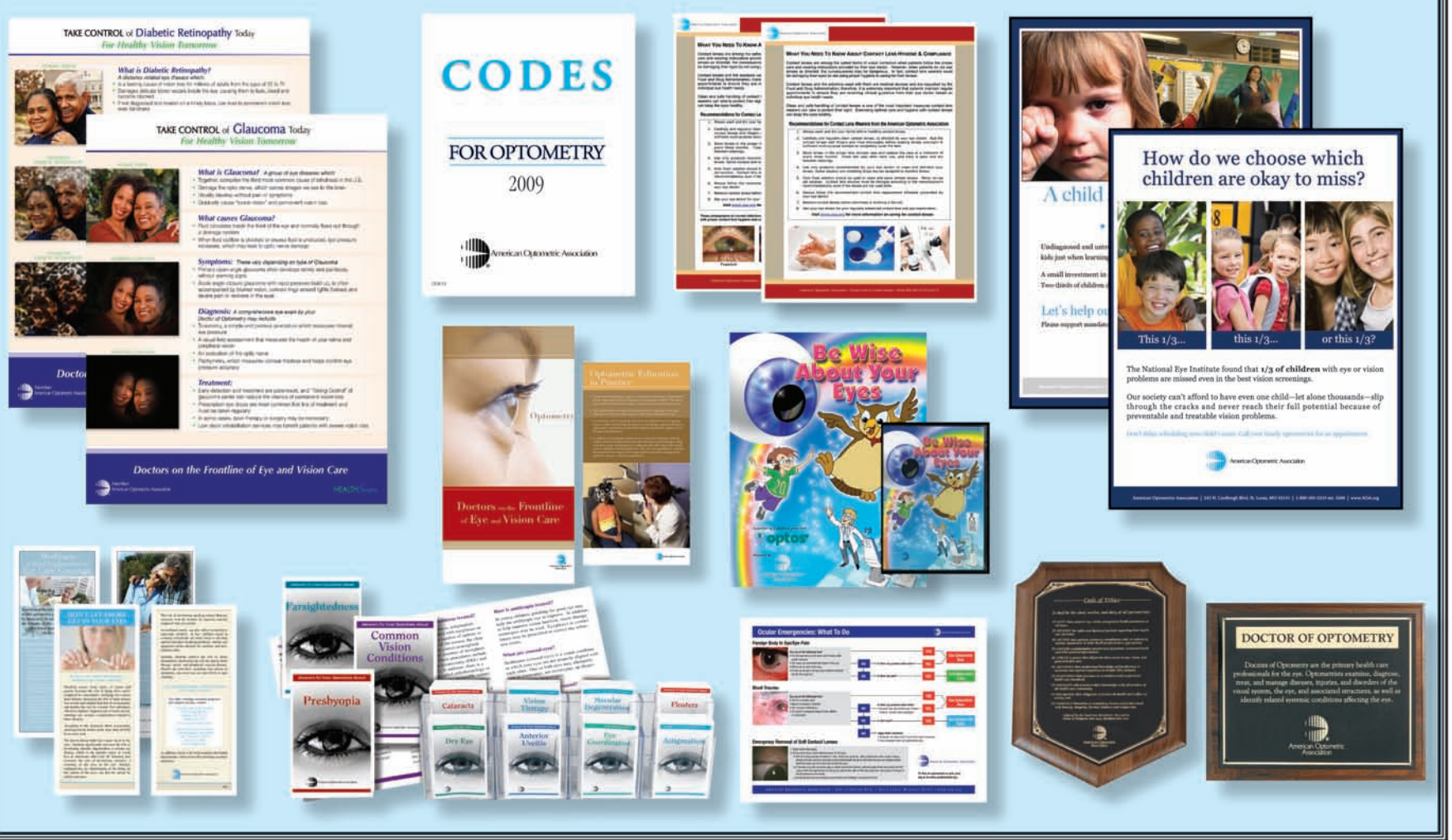

Go to: www.aoa.org and follow the link to the AOA Online Store...

If you have an AOA member ID number, please log in with the following information:

Username: your six-digit AOA member ID

Password: your six-digit birthday (MMDDYY)

If you do not know your six-digit member number, call the AOA at (800) 365-2219 between the hours of 8 a.m. and 5:00 p.m. CT, Monday through Friday or send an email to logon@aoa.org.

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